CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -4 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILING CANCELLED
RETURNED CHECK

CR2E081 (12/08)

DOCUMENT # P00000079460

1. Corporation Name: A & D CLEANING SERVICES GROUP, INC

WB-47543

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18087 NW 40 Place	18087 NW 40 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: August 21, 2000

5. FEI Number: 65-1032818 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LORIS ANN BROMELL

Street Address (P.O. Box Number is Not Acceptable): 16901 NW 20 AVENUE

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33056

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: By: Without Prejudice UCC-1-103 Date: _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LORIS ANN BROMELL	16901 NW 20 Avenue	Miami, Florida 33056
	REINSTATEMENT		900162081359 10/23/09--01042--009 **758.75
	RLH		900162081359 12/07/09--01001--012 **600.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: By: Loris Bromell All Rights Reserved. 8-31-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Loris Bromell At yahoo.com