PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	RPORATIO STATEME	12		5	DEPARTMI Secretary of SION OF CORP		ATE			-04	FILI		2: I6
DOCUMENT # <i>P000000</i> 82 <i>093</i> 1. Corporation Name								SECRETARY DE STATE TALLAHASSEE, FLORIDA					
Clean of Fresh Manufacturing, Inc.													,,,,,
2. Principal Office Address 751 SW 109 th Ave 751 Suite, Apt. #, etc. Suite, Apt. #,					SW 109th Are RE			oi? REIN	200026889902 01/13/0401095010 REINSTATEMENT O				
									rporated or Qualified siness in Florida ### Proporated or Qualified ### 130 2000				e
Pembroke Pines, FC Pombro					ke Pira, FL 5. FEI Numb								ied For
zip F1	Zip 233025 Country 2ip 3302				Country 6.				E OF STATUS DESIRED \$8.75 Additional Fac req				ee requiret
7. Name and Address of Current Registered Agent													
Street Address (P.O. Box Number is Not Acceptable) 751 Sw 109th Avc													
Suite, Apt. #. Etc. # 201									State	Zip Cod			
	. 12	mbro	Ke	Pines	<u> </u>	· · · · · · · · · · · · · · · · · · ·		···	FL		3025		S.
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 Date													
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date _		.	· · · · · ·	CR2E0
9. Names	and Street Addr	resses of	Each Officer and	or Director (Fig	orida nonprofit co	orporations must	üst at lea	ast 3 directors)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip				
P	Dandia Mehammed R				5240 SW 172 de Frbd, FL				Ft Jauderdol , FL 33331				3331
7	· · · · · · · · · · · · · · · · · · ·				751 5	751 SW 109th Ave # 201				Pembroka Pines, FL 33025			
D	Dandia	Rul	cheana	<u> </u>	5240	SN 172	pal ,	Ave	FL	lander	dele, 1	7 3	3331
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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 filling 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 under section 119.07(3)(i), 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 eath.													
SIGNATURE: SCINA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OILIVA 305-343-1366 Dayling Phone #													

To: FL Dear of States

I am sending application For Reinstatement.

of my Corporation. Doc # P00000082093

FEI# 65/03.8012.

Pls Reinstate As Soon As possible.

Any Question Pls Call 305-343. 1366.

Ck also enclose:

Saira Khanani