

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 16 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000107998**

1. Corporation Name

ABSOLUTELY CLEAN PROFESSIONAL CLEANING SERVICE INC.

2. Principal Office Address

7702 NORTH ROME AVENUE

3. Mailing Office Address

7702 NORTH ROME AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip
33604

Country
USA

Zip
33604

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

59-3520541

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
IRENA HUBINGER

Street Address (P.O. Box Number is Not Acceptable)

7702 NORTH ROME AVENUE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33604

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

11/14/06

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 |
|--------|--------------------------------------|---|--------------------|
| PD | IRENA HUBINGER | 7702 NORTH ROME AVENUE | TAMPA, FL 33604 |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/06 (813) 610 8757

Date

Daytime Phone #

DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32314
ANNUAL REPORT/REINSTATEMENT SECTION

November 13, 2006

RE; ABSOLUTELY CLEAN PROFESSIONAL CLEANING SERVICE
INC.
FEIN# 59-3520541
DOCUMENT# P00000107998

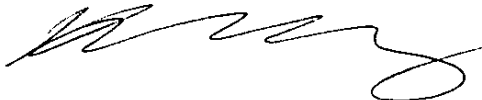
To Whom It May Concern,

In reference to the above corporation I am submitting the enclosed Uniform Business Reinstatement for 2005 and 2006, and ask that you accept my check for \$300.00 for both years.

I did not receive the renewal in the mail. I would ask that you strongly consider a waiver of the \$600.00 penalty since I was unaware of this being due at that time. I will continue to renew my Corporation in a timely manner in the future.

Thanking you in advance for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Irena Hubinger', with a stylized, flowing script.

Irena Hubinger
President