

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # P0000110401

1. Corporation Name

PROFESSIONAL ESCALATOR CLEANING, INC.

Principal Place of Business

1511 GULF STREAM CIR
SUITE 302
BRANDON FL 33511

Mailing Address

1511 GULF STREAM CIR
SUITE 302
BRANDON FL 33511



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3686073

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MR.	KELLEY, SHAWN D	1511 GULF STREAM CIRCLE, SUITE 3	BRANDON FL 33511
			600009344676 12/04/02--01003--024 **\$61.25
			600009344676 12/04/02--01003--025 **\$88.75

8. Name and Address of Current Registered Agent

KELLEY, SHAWN
1511 GULF STREAM CIR STE 302
BRADENTON FL 33511

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-21-02

11. 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 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 oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHAWN D. KELLEY

Date

11-21-02

Daytime Phone #

813 928-9069



1511 Gulf Stream Circle
Suite 302
Brandon, FL 33511
Tel: 813/928-9069
Fax: 813/354-4490

November 21, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I did not receive the two prior UBR filing notices your office apparently sent out. The only notice I received was the Notice of Administrative Dissolution or Revocation. I have completed the Application for Reinstatement and enclosed the appropriate Annual Report Fee. I ask that your office waive the Reinstatement Fee of \$600.00.

If you have any questions or if I can be of further assistance please do not hesitate to ask.

Sincerely,

Shawn Kelley
President