PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400021272864
07/02/03--01056--019 **300.00
400021272864
07/02/03--01056--020 **8.25

DOCUMENT # P01000021298

1. Corporation Name
Husband + Wife cleaning Service, Inc.

2. Principal Office Address	3. Mailing Office Address
1430 SE 2ND Ave	1430 SE 2ND Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/27/01
5. FEI Number: 65-1078494 (Applied For / Not Applicable)
6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent
Name: Arlindo D. Nascimento
Street Address (P.O. Box Number is Not Acceptable): 1430 SE 2ND Ave
400021272864
07/02/03--01056--021 **0.50
Suite, Apt. #, Etc.
City: Deerfield Beach State: FL Zip Code: 33441

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: Arlindo D. Nascimento Date: 06-10-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Arlindo D. Nascimento	1430 SE 2ND Ave	Deerfield Beach, FL 33441
VTD	Eliany Bento Rodrigues	1430 SE 2ND Ave	Deerfield Beach, FL 33441

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 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.

Arlindo D. Nascimento
SIGNATURE: Arlindo D. Nascimento 6/10/03 754-367-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Husband & Wife Cleaning Service, Inc
1430 SE 2nd Ave.
Deerfield Beach, FL. 33441
754-367-1699

June 10, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Gentlemen:

We have changed our address since we were incorporated and therefore have never received Uniform Business Reports for the years 2002 and 2003. We are enclosing an application for reinstatement, along with a check for two years fee and a check for a certificate of status.

We request that any proposed penalties be waived.

Thank you for your cooperation,
Husband & Wife Cleaning Service, Inc

Arlindo D. Nascimento, Pres.

06-10-03