


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031504

1. Corporation Name
General cleaning services, Corp

*Reinstatement 8/20/05
2002-03, 04 & 2005
9/21/05*

09/20/05--01007--012 **1200.00

2. Principal Office Address
3291 west 76pc

3. Mailing Office Address
3291 west 76pc

Suite, Apt. #, etc.

City & State
Hialeah FL

Zip Country
33018 USA

on 9/20

4. Date Incorporated or Qualified To Do Business in Florida

5. FEJ Number
651088677

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
IRMA NORIEGA

Street Address (P.O. Box Number is Not Acceptable)
3291 west 76pc

Suite, Apt. #, Etc.

City
Hialeah

State Zip Code
FL 33018

400059783964
09/20/05--01007--012 **1200.00

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 *IRMA NORIEGA* Date 8/30/05

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
<u>P/S/T</u>	<u>IRMA NORIEGA</u>	<u>3291 west 76pc</u>	<u>Hialeah FL 33018</u>

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.

SIGNATURE: *IRMA NORIEGA* Date 8/30/05 (305) 970 7509

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

CR2E081 (01/05)