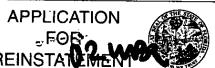
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State. DIVISION OF CORSORATIONS

P01000047891

1. Corporation Name

**DOCUMENT #** 

EXTREME CLEANING SERVICES INC.

Principal Place of Business

Mailing Address

926 18 PL SW VERO BEACH FL 32962

926 18 PL SW

VERO BEACH FL 32962



FILED

02 NOV 14 AM 11: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line	through incorrect information and en	iter correction below			
2. New Principal Office Address, If Applicable 3. New Mailing Office Address		s, If Applicable	Date Incorporated or Qualified     To Do Business in Florida     05/14/2001		
Suite, Apt. #, etc.  City & State		FL-	5. FEI Number Applied For		Applied For
Zip 31962 Country	- 3-96-2 - Cou	iptry.	6. CERTIFICATE OF ST.	ATUS DESIDED ( \$8.75	Not Applicable  Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer ar	nd/or Director (Florida nonprofit corp	porations must list at le	east 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo	h	City / State	e / Zip
PRES PRESERVE ADIROCE	0 /155 3	14 Ne	Ver	v Boach 1	C 32960
PRES MARIA N. DIROC	00 940 CAA	ol wy Cike	Lo-Sw Ves	o beach Fi	31962
					,
	W W	(In )	0000 10/31/02	0872663	
	W. I		10.01,00	11000 €00 <del>4</del> ##	130,00
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
DIROCW, FREDERICK A 926 18 PL SW VERO BEACH FL 32962	Street Address (F	P.O. Box Number is Not A	DIROCCO cceptable)	)	
VERU DENUTIFIC 92902		City	e BEAC	State	Zip Code
10. I, being appointed the registered agent of the ab	ove named corporation, am familiar	with and accept the ob	bligations of Section 607.0	1	
Signature of Registered Agent	DUBEREQUESTERED AGENT MUST SIGN	JIRED	Date	, <u>/0/3</u>	20/02

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 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 oath.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## EXTREME CLEANING SERVICES, INC.

657 8th Court; Vero Beach, Florida 32963

October 29, 2002

Secretary of State Division of Corp. PO Box 6327 Tallahassee, FL 32314

Dear Sir:

I received a Notice of Administrative Dissolution or Revocation.

4 3 2 4

I have checked all of my incoming mail from January 1, 2002 and find that I did not receive the renewal form. Enclosed is a check in the amount of \$150.00 to reinstate Extreme Cleaning Services, Inc.

Sincerely,

F. DiRocco

Fred P. House

"You've Ried The Rest Now try The Best!",

Voice: (561) 562-4853

Fax: (561) 299-4587