PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 17 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073630

1. Corporation Name

FERLIAN CLEANING SERVICES, INC.

02-03

2. Principal Office Address	3. Mailing Office Address
4937 RIVERSIDE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State
Zip: 33067 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/26/01

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: MORROW & MILBERG, P.A.

Street Address (P.O. Box Number): 499 NW 70TH AVE.

Suite, Apt. #, Etc.: Suite 108

City: Plantation State: FL Zip Code: 33317

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: X

REGISTERED AGENT MUST SIGN

Date: 6/13/03

CR2E031 (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
P	FERNANDO H. CASEY	4937 RIVERSIDE DR.	CORAL SPRINGS, FL 33067

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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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate. My signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

6/13/03 (954) 612-4612

Date Daytime Phone #

JP 6/17