

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPROVED  
AND  
FILED

05 MAR 24 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000077226**

1. Corporation Name

**ON THE SPOT CLEANING  
SERVICES INC.**

2. Principal Office Address

**170 NE 22 ST**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33137**

Country

**USA**

3. Mailing Office Address

**170 NE 22 ST**

Suite, Apt. #, etc.

City & State

**MIAMI**

Zip

**33137**

Country

**USA**

**REINSTATEMENT 02-05**  
**MRD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/07/01**

5. FEI Number

**31-1809650**

☒ 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

**Kathy Vasquez**

Street Address (P.O. Box Number is Not Acceptable)

**1911 COLLINS AVE**

Suite, Apt. #, Etc.

**#3403**

City

**Sunny Isles**

State

**FL**

Zip Code

**33160**

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

*[Signature]*

Date

**2/01/05**

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
P	Kathy Vasquez	1911 COLLINS AVE #3403	Sunny Isles, FL 33160
VP	EMILETH VASQUEZ	170 NE 22 ST	MIAMI, FL 33137
D	LEISDY GONZALEZ	170 NE 22 ST	MIAMI, FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/01/05 786.414-3989**

CR2E081 (01/05)