

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # P01000084775

1. Corporation Name

THE SOLUTION CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

6967 SW 115 PLACE UNIT F  
MIAMI FL 33173

6967 SW 115 PLACE UNIT F  
MIAMI FL 33173



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6967 SW 115th Pl.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33173

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	TAMAYO, EVA	6967 SW 115 PLACE UNIT F	MIAMI FL 33173
DVST	TAMAYO, JUAN C	6967 SW 115 PLACE UNIT F	MIAMI FL 33173

500008842675  
11/07/02-01005-006 \*\*158.75

8. Name and Address of Current Registered Agent

LAFONTISEE, LOUIS L JR  
3121 COMMODORE PLAZA SUITE 301  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-31-02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

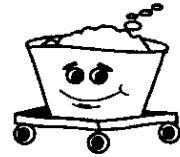
Juan Tamayo

10/28/02 (305) 279-6515

Date

Daytime Phone #

CR2040 (8/02)



**The Solution Cleaning Service**  
**6967 SW 115<sup>th</sup> Pl. Unit F.**  
**Miami, Fl. 33173**  
**Tel 305-392-6696**  
**Fax 305-275-9207**

October 30, 2002  
Florida Department of State Division of Corporation;

Distinguished Representative:

It is with great concern that I write this letter of notification. This letter is to inform your department that The Solution Cleaning Service has not received any prior notice for filling the annual company report. It is with great urgency I send this *letter*, and an enclosed *check* to clarify any delays in reference to filing. Please contact me directly at (305) 279-6515 if there is any additional information is needed. Thank you for your attention to this important matter.

Sincerely;

Juan Tamayo DVST  
The Solution Cleaning Service