

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV 16 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000084775**

1. Corporation Name

The Solution Cleaning Service, Inc.

2. Principal Office Address

16231 SW 42ND Ter.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Zip

33185

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

651140339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

LAFONTISEE, LOUIS L JR

Street Address (R.F. Box Number is Not Acceptable)

3121 COMMODORE PLAZA

~~400881481434~~
10/31/06--01082--001 **300.00

Suite, Apt. #, Etc.

SUITE 301

City

MIAMI

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date **10/24/06**

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
DP	Eva Tamayo	16231 SW 42ND Ter.	Miami, Fl. 33185
DVST	Juan Tamayo	16231 SW 42ND Ter.	Miami, Fl. 33185

REINSTATEMENT 05-06 B 11/17/04

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 contained in Chapter 119, 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

10/24/06 Tel: 305-510-3826

Date

Daytime Phone #

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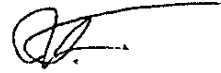
The Solution Cleaning Serving Inc.
16231 SW 42nd Ter.
Miami, Fl. 33185
Tel: 305-392-6696
Fax: 305-228-2703

Department of State
Ref: Corporation Re-instatement
FEI# 651140339

I have been notified by my registered agent, Mr. Louis LaFontisee, that my company's status is inactive at the moment. I have not received the notifications of the annual reports for the year 2005 & 2006. I am no longer at the prior address which was 6967 SW 115th Pl. Unit F. Miami, Fl. 33173. My companies current address is 16231 SW 42nd Ter. Miami, Fl. 33185. I have enclosed the proper documentation for re-instatement and kindly request your office please waive the re-instatement fees since the annual report notices for the years 2005 & 2006 were not received. If you have any questions, at your earliest convenience please feel free to contact me at 305-510-3826.

Thank you,

Juan Tamayo



www.solutioncleaner.com