

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

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
 03 OCT 17 PM 4:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



*08/18/03 90169 028 586.00*

4. Date Incorporated or Qualified To Do Business in Florida	08/28/2001
5. FEI Number <b>65-1140339</b> <del>APPLIED FOR</del>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

**REINSTATEMENT 03 1/TS**

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	Zip Code
	<b>FL</b>	

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.

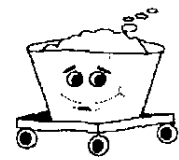
Signature of Registered Agent: *Louis Lafontisee Jr*  
 REGISTERED AGENT MUST SIGN  
 Date: 10-14-03

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: *Juan Tamayo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 10/13/03  
 Daytime Phone #: (305) 279 6515

CR2E040 (7/03)

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**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 10, 2003  
Florida Department of State Division of Corporation;

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Distinguished Representative:

It is with great concern that I write this letter of notification. This letter is to inform the Department that The Solution Cleaning Service has sent payment for the filling fee. A letter was sent to my company asking to update information and signatures; this letter was mailed on August to the *Florida Department of State Division of Corporation*. Apparently the letter was not received. I have since received a notice of Revocation of License. I spoke with someone at your office over the telephone and was informed to resend a letter with signatures and updated information. It is with great urgency I send this letter 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;

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Juan Tamayo DVST  
The Solution Cleaning Service