

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**07 SEP 26 AM 11:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P01000098159**

**1. Corporation Name**

**SUPERIOR CLEANING SOLUTION CORP**

**2. Principal Office Address**  
8500 NW 8 STREET

Suite, Apt. #, etc.  
#310

City & State  
MIAMI FLORIDA

Zip Country  
33126 USA

**3. Mailing Office Address**  
8500 NW 8 STREET

Suite, Apt. #, etc.  
#310

City & State  
MIAMI FLORIDA

Zip Country  
33126 USA

**700110024937**  
09/27/07--01004--013 \*\*1000.00

**REINSTATEMENT 03-07**  
**SP**

**4. Date Incorporated or Qualified  
To Do Business in Florida 09/19/2003**

**5. FEI Number**  
65-1142341

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  
DARIEL A. MIRANDA

Street Address (P.O. Box Number is Not Acceptable)  
8500 NW 8 ST

Suite, Apt. #, Etc.  
No 310

City  
MIAMI FLORIDA

State Zip Code  
FL 33126

**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 08/21/2007

**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	DARIEL A MIRANDA	8500 NW 8 ST #310	MIAMI FL 33126
VP	JESUS G MIRANDA	9350 Fontainebleau Blvd No 402	MIAMI FL 33172
CFO	JOHANNA MIRANDA	8500 NW 8 ST # 310	MIAMI FL 33126

**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

08/21/2007

Date

**305-989-6025**

Daytime Phone #

CR2E081 (01/04)