1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 11 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121172

1. Corporation Name

TRI-CLEAN SERVICES INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
3819 Miruelo circle south		P.O. Box 5774	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, Fl.		Jacksonville, Fl.	
Zip	Country	Zip	Country
32217	US	32247-5774	US

4. Date Incorporated or Qualified To Do Business in Florida 12/26/01

5. FEI Number 26-0008809 ☐ 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: Rodney Lewis

Street Address (P.O. Box Number is Not Acceptable): 3819 Miruelo circle south

300030256623
03/11/04--01014--006 **300.00

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32217

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: Rodney A. Lewis Date: 3/8/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PST	Lewis, Rodney A.	3819 Miruelo circle south	Jacksonville, FL. 32217

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: Rodney A. Lewis 3/8/04 904-443-7847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB

TRI-CLEAN SERVICES INC.

P.O. BOX 5774.
JACKSONVILLE, FL. 32247

Phone:904-443-7847
Fax: 904-443-0096

03/08/04

To whom it may concern:

I did not received application for reinstatement form for 2003 or 2004 for I had moved to a new address so could you please wave the $600.00 reinstatement fees for 2003.

Thank You

Rodney Lewis (PST)

Organization