PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000032946

1. Corporation Name

VISIBLE CLEANERS, INC.

FILED

03 DEC 17 AM 8:50

SECRETATY OF STATE TALLAHAGSEE FLORIDA

Principal Place of Business Mailing Address 5779 ALBERT RD W PALM BEACH FL 33415 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Paloipal Office Address. If Applicable 3. New Mailing Office Address. If Applicable 3. New Mailing Office Address. If Applicable 4. Date Incorporated or Qualified 6. FEI Number City & State Applicable 7. Palon BEACH GRONS, FL Applicable 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Name of Officers 3. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) MEEKER, BLANCA TERRACE Mailing Address 4. Date Incorporated or Qualified 7 To De Business in Florida 03/26/2002 5. FEI Number CH - 362.86 5 CERTIFICATE OF STATUS DESIRED Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors 3. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) W PALM BEACH FL 33415 PALM BEACH FL 33415
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 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 03/26/2002 5. FEI Number Applied For City & State Zip Country Jahl Brack Gross, FL Zip Country John Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Applied For Out - 362 8615 Certificate of Status Street Address of Each Officer and/or Director Applied For Out - 362 8615 Certificate of Status Street Address of Each Officer and/or Director Applied For Out - 362 8615 Certificate of Status Street Address of Each Officer and/or Director Applied For Out - 362 8615 Certificate of Status Street Address of Each Officer and/or Director A City / State / Zip D MEEKER, BLANCA
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 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 03/26/2002 5. FEI Number Applied For City & State Zip 3-4-18 Country Cou
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1 335 Suite, Apt, #, etc. Suite, Apt, #, etc. City & State Applied For City & State Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED Title(s) Name of Officers and/or Directors Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1 335 Suite, Apt, #, etc. Suite, Apt, #, etc. City & State Applied For City & State Applied For Not Applicable Country U.S.A. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Name of Officers and/or Director Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)
Suite, Apt, #, etc. Suite, Ap
Suite, Apt. #, etc. Suite, Ap
City & State ALM BEACH GROWS, FL Zip Zip Zip Zip Zip Zip Zip Zi
Zip Zip Zip Zip Zip Zip Zip Zip Zip Country U.S.A. Zip SALSERIFEC. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip D MEEKER, BLANCA 570 ALBERT RD. W PALM BEACH FL 33415
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) D MEEKER, BLANCA Total Page 1
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director W PALM BEACH FL 33415
Title(s) Name of Officers Street Address of Each Officer and/or Director 3 Street Address of Each Officer and/or Director 4 City / State / Zip D MEEKER, BLANCA 5779 ALBERT RD, W PALM BEACH FL 33415
D MEEKER, BLANCA 5779 ALBERT RD, W PALM BEACH FL 33415
D MEEKER, BLANCA 5770 ALBERT RD, 1355 13TH TERRACE PALM BEACH GROW, FL 33418
1335 13TH TERRACE PALMBEACH GROW, FL 33418
;
600025562926
12/1 //UG01065014 **150.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent
Name
MEEKER, BLANCE Street Address (P.O. Box Number is Not Acceptable)
1335 13TH TEREACE
WPALM BEACH FL 33415
City State Zip Code
PALM BEACH GARDENS FL 33418
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 Jeeks Date 12/04/2003
Registered Agent Date Date Date Date

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 filling 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:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04/2003

56)775-7492

Daytime Phone #

December 4, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314-6327

Re: Visible Cleaners, Inc. P02000032946

To Whom It May Concern:

I called your offices today and was asked to write explaining what had happened and to send in \$150.00.

I changed address and had never received a prior notice. For some reason, the people that have my previous address received this and just recently gave it to me.

I am sorry that this happened. I did not know about this.

Sincerely,

Blanca Meeker