

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 22 11 AM '02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000038484

1. Corporation Name

OVER TIME CLEANING SERVICE INC

2. Principal Office Address

1435 PINE HILLS RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

Country

Zip

Country

32818

4. Date Incorporated or Qualified
To Do Business in Florida

4/3/2002

5. FEI Number

01-0617027

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 3-04

7. Name and Address of Current Registered Agent

Name

JARVIS FELDER

Street Address (P.O. Box Number is Not Acceptable)

1435 PINE HILLS RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32818

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

4/15/2004

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 / Street / Zip
CEO	JARVIS FELDER	1435 PINE HILLS RD	ORLANDO, FL. 32818

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

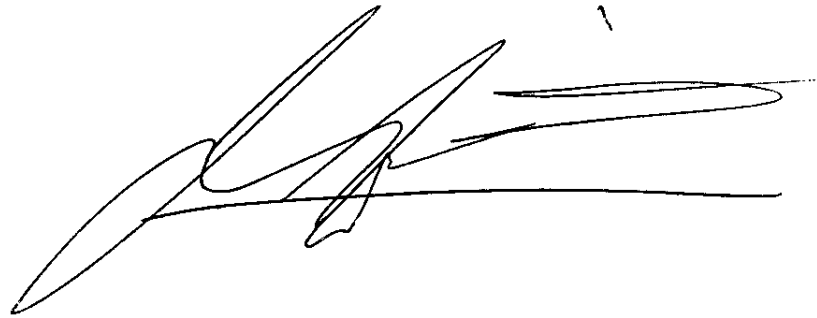
4/15/2004

Date

407383-5971

Daytime Phone #

I Jarvis Felder Did not
Receive my 2003 1st or 2nd
Notice for over Time
Cleaning Inc.

A handwritten signature in dark ink, consisting of a stylized, cursive 'J' followed by a horizontal line and a small flourish.