

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN 12 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043874

1. Corporation Name

AL'S COMMERCIAL CLEANING CO.

Principal Place of Business

Mailing Address

15210 NE 12 AVE  
MIAMI FL 3316215210 NE 12 AVE  
MIAMI FL 33162

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$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
CEO	Alix A. Rock	15210 N.E 12 AVE	Miami FL 83162
Sec.	Kellistia Chasteau	3115 P1429 ST. SW	Colonat Grove FL 33130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REGISTERED AGENTS LEGAL SVS INC  
1333 N DUVAL STREET  
TALLAHASSEE FL 32302

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

MICHAEL W. ASHLEY on behalf of Registered Agents Legal Services, Inc.

Date 12/19/03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Payor*

**AL'S COMMERCIAL CLEANING CO.**

15210 N.E. 12 Ave. Suite 210 > Miami, FL 33162  
(305)- 799- 3719 > (305)- 778- 4035 > Al commercial [alcan@msn.com](mailto:alcan@msn.com)

October 17, 2003

**FLORIDA DEPARTMENT OF STATE**

**DIVISION OF CORPORATIONS**  
P.O. BOX 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

I Alix A. Rock the owner of Al's Commercial Co. is addressing the matter at hand.

My company was never notified by anyone, not my accountant, registered agent, and or

Tallahassee for the annual report/ reinstatement fees or penalties. I was never told that

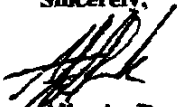
I would have to reinstate my corporation every year, and to give a report of all activities

That my business is engaging in. I thought the only person I had to report to is the I. R. S.

Please take my letter into consideration and understand that I will corporate with rules.

I appreciate your time and effort to help resolve this matter.

Sincerely,



**Alix A. Rock**  
**President & CEO**