FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 11 AM 11:05

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 # P02000043874

1. Corporation Name

AL'S COMMERCIAL CLEANING & Maintenance Supply Co.

Principal Place of Business

Mailing Address: P.O. Box 600097 No. Miami, Beach, FL 33160

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
15210 N.E. 12 AVE	P.O. Box 600097
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: No. Miami Beach FL
Zip: 33162 Country	Zip: 33160 Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/2002

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 33162
		B 9/11/08	
	REINSTATEMENT	06-08	500125852105 03/19/08--01006--006 **450.00

8. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SVS INC
~~1303 N DUVAL STREET~~ 155 Office Plaza Dr. Suite A
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City | State FL | Zip Code

10. I hereby accept the appointment as registered agent of the above named corporation …

Signature of Registered Agent: [signature] Date 3.5.08

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 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., and 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] 03/05/08

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