PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000048899 DOCUMENT #

1. Corporation Name

NEW CLASSIC CLEANING & FLOOR CARE, INC.

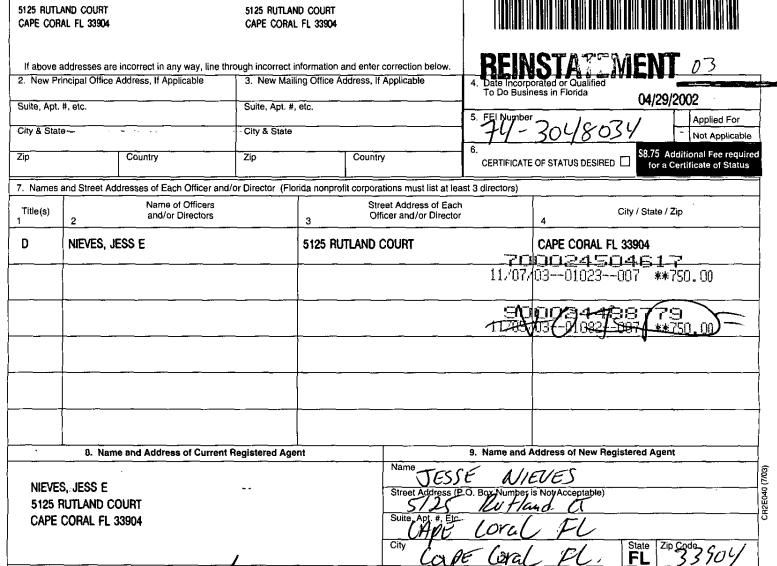
Principal Place of Business

Mailing Address

5125 RUTLAND COURT CAPE CORAL FL 33904 5125 RUTLAND COURT CAPE CORAL FL 33904 ĖÏĖD

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SECRETARY OF STATE TALLAHASSEE FLORIDA



n 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.

by e named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

10. I, being appointed the registered agent of the ab

REGISTERED AGENT MUST SIGN