

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

03 DEC -3 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000052244**

1. Corporation Name

**THE CLEANER GROUP, INC.**

Principal Place of Business

Mailing Address

7605 SW 141ST STREET  
MIAMI FL 33158

7605 SW 141ST STREET  
MIAMI FL 33158

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/2002

5. FEI Number

37-1432539

Applied For

Not Applicable

6.

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
PRESIDENT	RICHARD A. DIAZ	7605 SW 141 ST MIAMI, FL. 33158	MIAMI, FL 33158
SECRET.	ARMANDO M. DIAZ	7605 SW 141 ST.	MIAMI, FL. 33158

8. Name and Address of Current Registered Agent

JACOBS, ERIC A ESQ.  
LAW OFFICES OF ERICA A. JACOBS, P.A.  
12550 BISCAYNE BLVD., SUITE 405  
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

ARMANDO M. DIAZ

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

7605 SW 141 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33158

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

*Armando M. Diaz*  
REGISTERED AGENT MUST SIGN

Date 11/24/03

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., 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:

*Armando M. Diaz, Secretary* 11/24/03 305-389-6292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)