

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 OCT 15 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000066825**

1. Corporation Name

PARAMOUNT CLEANING OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

20681 NE 4 PL #104
MIAMI FL 33179

20681 NE 4 PL #104
MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1859 NE 173 Street

3. New Mailing Office Address, If Applicable
1859 NE 173 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State
NMB, FL

Zip
33162

Country
USA

Zip
33162

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
D	CADENA, RAFAEL	20681 NE 4 PL #104	MIAMI FL 33179
D	CADENA, SANDRA M	20681 NE 4 PL #104	MIAMI FL 33179

100023818031
10/15/03--01047--011 **758.75

8. Name and Address of Current Registered Agent

CADENA, RAFAEL
20681 NE 4 PL #104
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

Cadena, Rafael

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

1859 NE 173 Street

Suite, Apt. #, Etc.

City

NMB

State

FL

Zip Code

33162

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

[Signature] **Sandra M. Cadena**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/2003
Date

(305)3311980
Daytime Phone #

CR2E040 (7/03)