

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 20 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~602171900186~~

1. Corporation Name

P02000071547

ALTACLEAN JANITORIAL CONCEPTS INC

2. Principal Office Address

106 WEST SENECA AVE

Suite, Apt. #, etc.

53

City & State

TAMPA, FL

Zip

33612

Country

HILLSBOROUGH

3. Mailing Office Address

5916 WAR ADMIRAL DRIVE

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip

33544

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/02

5. FEI Number

74-3050195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SALAHEDDINE TAZI

300031762753

04/05/04--01005--002 **300.00

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

5916 WAR ADMIRAL DRIVE

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State

FL

Zip Code

33544

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 3/30/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	SALAHEDDINE TAZI	5916 WAR ADMIRAL DRIVE WESLEY CHAPEL, FL 33544	WESLEY CHAPEL, FL 33544

10. 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]

SALAHEDDINE TAZI

3/30/04

(813) 766-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)