

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000088250

1. Corporation Name

Best Clean Team

W05-52004

2. Principal Office Address

6715 S W 88 Street

3. Mailing Office Address

6715 SW 88 Street

Suite, Apt. #, etc.

#705

Suite, Apt. #, etc.

#705

City & State

Pinecrest, Florida

City & State

Pinecrest Florida,

Zip

33156

Country

Dade

Zip

33156

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

38-366-0295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

T. Roberts DEC 02 2003
CR2E081 (8/05)

FILED
05 DEC -1 AM 9:53
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

7. Name and Address of Current Registered Agent

Name

Frederic Vaval

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

6715 SW 88 Street

Suite, Apt. #, Etc.

#705

City

Pinecrest

State

FL

Zip Code

33156

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

Date

1/

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
P/T	Frederic Vaval	6715 SW 88 Street # 705	Pinecrest Florida, 33156
			700061605617 11/21/05--01045--001 **800.00
			700061605617 12/05/05--01058--017 **108.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 778-6044