PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000092767 **DOCUMENT #**

1. Corporation Name

A+ CLEANING, INC.

FILED

03 DEC - 1 PM 1:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTALLIENT 27	
)	7

Principal Place of Business Mailing Address					 	Kein	DIK ICNI O'			
4014 E RIDGE CIR 4014 E RIDGE										
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				normation and enter confederation below.			FE (55-0794037		
						Date Incorporated or Qualified To Do Business in Florida 08/26/2002				
Suite, Apt. #, etc. Suite, Apt. #,			, etc.			5. FEI Number X Applied For				
City & State						55-0794037 Not Applicable				
Zip Country Zip		Zip	Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	it corporat	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PTD	JOSEFINA LE BLANC, NORA				4014 E RIDGE CIR			POMPANO BEACH FL 33064		
VSD	CATANO, NELLY				4014 E RIDGE CIR			POMPANO BEACH FL 33064		
				12/01/030.012-0.72-\$4.75						
					- 	· 				
8. Name and Address of Current Registered Agent				nt			9. Name and	Address of New Registered Agent		
CONTORT O LITTERIA DIA						LLY	CATANO	(2/03)		
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLOOR //				^ l	14881	5 w	is Not Acceptable)	CR2E040 (7/03)		
MIAMI FL 33145			Suite, Apt. #, Etc. MIRAMAN				FL 33027	٥		
		/				City		State Zip Code 33027	,	
10. I, being	appointed the	e registered agent of the abo	ve named corpo	oration, am f	amiliar wit	th and accept the ob	oligations of Sect	tion 607.0505, F.S. or 617.0505, F.S.		
Signature of Registered Agent Date Nov. 18/03 REGISTERED AGENT MUST SIGN										
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 filling 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. CATANO

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A+ Cleaning, Inc. 4014 Eastridge Circle Pompano Beach, FL 33064 Ph:(954)532-3215

November 20, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document No.: P02000092767

Dear Sirs:

We would like to inform you that A+ Cleaning, Inc. did not receive any prior UBR notices. Therefore, we are requesting the reinstatement fee be waived.

Enclosed please find a check in the amount of \$150.00 for the UBR filing fee, along with the completed application.

Sincerely,

Nelly Carano Vice-President

MVF/if