

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000106059

**1. Corporation Name**

Miami Cleaning Corporation  
14529 NE 16th Ave  
Miami FL 33161

**2. Principal Office Address - No P.O. Box #**

14529 NE 16 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33161

Country

Dade

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/30/2002

**5. FEI Number**

522376402

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

Victor Joseph

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

14529 NE 16 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

REGISTERED AGENT MUST SIGN

Date 8/28/07

**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
D	MARIE LOSSAINT	14529 NE 16 Ave	Miami FL 33161

**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 contained in Chapter 119, 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:** Marie Lussaint  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/07 305-275-2702  
Date Daytime Phone #

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MIAMI CLEANING CORPORATION  
14529 NE 16<sup>TH</sup> AVE  
MIAMI, FL 33161

August 28, 2007

Florida Dept of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir:

I, Marie Lussaint, have no intentions of revoking the voluntary dissolution for Miami  
Cleaning Corp. Document #P07000075383 and hereby release the name.

Sincerely,

*Marie Luce Lussaint*

Marie Lussaint

Sworn to and subscribed before me this 28<sup>th</sup> Day of August, 2007

By *Karen Munroe* (SEAL)

Personally known ✓

Or

Produced ID \_\_\_\_\_

