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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 03 NOV 14 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000124092

1. Corporation Name
Colemans Pressure Cleaning, Inc.

000024917770
11/21/03--01015--014 **150.00

REINSTATEMENT 03

MRS

2. Principal Office Address	3. Mailing Office Address
15049 S.W 13 place	15049 SW 13 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Fl	City & State: Sunrise, Fl
Zip: 33326 County: Broward	Zip: 33326 County: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/02

5. FEI Number: 14-1882069 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jerry Michael Coleman

Street Address (P.O. Box Address is Not Acceptable): 15049 S.W 13 Place

Suite, Apt. #, Etc:

City: Sunrise State: FL Zip Code: 33326

8. I, being appointed the registered agent of the above named corporation, familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Jerry M Coleman (REQUIRED EVEN IF MUST SIGN) Date: 10/30/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	Jerry M. Coleman	15049 S.W. 13 pl	Sunrise, Fl 33326
V	Michael J. Coleman	15049 S.W 13 pl.	Sunrise, Fl 33326
S	Leslie A Coleman	15049 S.W 13 pl	Sunrise, FL 33326

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reasons 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: Jerry M Coleman 10/30/03 954/817-4094

(REQUIRED EVEN IF TYPED OR PRINTED NAME OF CLERK OR OFFICER OR DIRECTOR) Date Daytime Phone #

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Oct. 12, 2005

To Whom It May Concern:

I am writing this letter on the behalf of Coleman's Pressure Cleaning ,Inc. We did not receive the 2003 Uniform Business Report that our Accountant said that we should have received to file for our new business. Please except our check and apology for this mishap. This is all new to us and I assure you that it will not happen again.

Sincerely,

Jerry M Coleman

Jerry M. Coleman
Employer ID Number 14-1882069
Day Phone 954-818-4084