

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000133199

1. Corporation Name

Lysora Cleaning, Inc.

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

1505 NW 28<sup>th</sup> St

Suite, Apt. #, etc.

3. Mailing Office Address

1505 NW 28<sup>th</sup> St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

US

Zip

33142

Country

US

7. Name and Address of Current Registered Agent

Name

Paul L. Sanabria

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

1505 NW 28<sup>th</sup> St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

Paul Sanabria

Date

12/28/2010

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
<u>P</u>	<u>Paul L. Sanabria</u>	<u>11201 SW 55<sup>th</sup> St Box:33</u>	<u>MIRAMAR, FL 33025</u>
<u>V</u>	<u>Soraya A. Sanabria</u>	<u>11201 SW 55<sup>th</sup> St. Box:33</u>	<u>MIRAMAR, FL 33025</u>

10. E-mail Address: hasora1322@yahoo.com

(To be used for future annual report notifications)

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 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. I further certify, 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:

Paul Sanabria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/2010

Daytime Phone #

FILED

10 DEC 30 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300189129873

12/30/10--01039--006 \*\*750.00

REINSTATEMENT

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/2002

5. FEI Number

101649014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

11300