

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 MAR 14 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000044265

1. Corporation Name

ONE WAY CLEANING, INC.

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

824 Northwest 51st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

3. Mailing Office Address

the same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2003

5. FEI Number

06-1690650

☐ 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

Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

100296861841
03/17/17--01026--007 **135.00

100296861841
03/17/17--01026--008 **250.00

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.

SPIEGEL & UTRERA, P.A.

Signature of

Registered Agent

By:

Hector Utrera

Vice President

Date 3/10/17

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
PSTD	Parfait, Mixine	824 Northwest 51st Street	Miami, Florida 33127
			100296861841 03/17/17--01026--009 **500.00
			100296861841 03/17/17--01026--010 **500.00
			reinstatement 13-17
			dec
			MAR 15 2017

10. E-mail Address: clubassist@amerilawyer.com

(To be used for future annual report notification)

D CUSHING

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mixine Parfait

Mixine Parfait

2-9-17

(786) 587-9357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #