PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JUN 15 PM 3:59

DOCUMENT # P03000097490

1. Corporation Name

S C S Cleaning Services, Inc

800104436070
06/15/07 01062 003 **450.00

REINSTATEMENT
CR2E081 (1/07)   05-07

2. Principal Office Address - No P.O. Box #
1661 SE 17 St.
Suite, Apt. #, etc.

3. Mailing Office Address
20812 S. Dixie Hwy.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 09/05/03

City & State
Homestead, Florida

City & State
Miami, Florida

5. FEI Number
20-0204395
☐ Applied For
☐ Not Applicable

Zip 33035 Country USA

Zip 33189 Country USA

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sonja D Jones Thompson

Street Address (P.O. Box Number is Not Acceptable)
1661 SE 17 Street

Suite, Apt. #, Etc.

City
Homestead   State FL   Zip Code 33035

☑ 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 _____   Date _____

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
D	Sonja D Jones Thompson	1661 SE 17 Street	Homestead, Florida 33035

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: _____   6/2/07 305-255-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #