

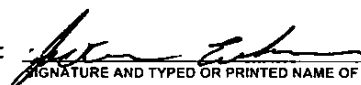


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS <i>W3600002391</i>	FILED 06 FEB -7 AM 9:51 SECRET TALLAHASSEE, FLORIDA
DOCUMENT # P03000110202			
1. Corporation Name ATLANTIC CLEANING CORPORATION			
2. Principal Office Address 911 NW 85th TERRACE Suite, Apt. #, etc. UNIT 1305 City & State PLANTATION, FL Zip 33324 Country USA		3. Mailing Office Address 911 NW 85th TERRACE Suite, Apt. #, etc. UNIT 1305 City & State PLANTATION, FL Zip 33324 Country USA	
		REINSTATEMENT <i>04-06</i> CR2E081 (12/05) <i>W</i>	
		4. Date Incorporated or Qualified To Do Business in Florida 10/07/2003	
		5. FEI Number 20-0363885	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name JACKSON EUSEBIO TAPIA			
Street Address (P.O. Box Number Not Acceptable) 911 NW 85th TERRACE			
Suite, Apt. #, Etc. UNIT 1305			
City PLANTATION		State FL	Zip Code 33324
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 01/17/2006	
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
P/T/D	JACKSON EUSEBIO TAPIA	911 NW 85th TERRACE, UNIT 1305	PLANTATION, FL 33324
V/S/D	JUAN NORBERTO MARIN	17 MATADOR LANE	DAVIE, FL 33324
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: 		JACKSON EUSEBIO TAPIA	01/17/2006 954-478-9625
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>