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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000145248

1. Corporation Name

MONICA'S CLEANING INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
247 SE 45 ST	247 SE 45 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FLORIDA	City & State: Cape Coral, Florida
Zip: 33904 Country: LEE	Zip: 33904 Country: LEE

4. Date Incorporated or Qualified To Do Business In Florida: Dec 1, 2003

5. FEI Number: 51-0489490 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: MONICA C. ANTEPARA

Street Address (P.O. Box Number is Not Acceptable): 247 SE 45 ST

Suite, Apt. #, Etc.:

City: CAPE CORAL State: FL Zip Code: 33904

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
P	MONICA C. Antepara	247 SE 45 ST	CAPE CORAL, FL 33904
VP	OSCAR I. ANTEPARA	247 SE 45 ST	Cape Coral, FL 33904
	$7/1/20		900077798249 07/20/06--01058--008 **493.75

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.

P. SIGNATURE: Monica C Antepara 6/29/06 (239)8413426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VP. Oscar I. Antepara

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
June 29, 2006

To Whom It May Concern:

This letter is to request a waiver of the reinstatement fee of $600 due to a failure to receive notice of performing a reinstatement. We have not received a notice to reinstate because the address that the notice was sent to, was our previous address of 4245 Coronado PKWY but we have changed residences since then in March of 2003 to our present address of 247 SE 45th Street. If any futher questions into our change of address we can be reached at (239) 841-3426. Thank you for your cooperation.

Monica C. Antepara.

Monica's Clearing Service, Inc.
Monica Antepara, President
247 SE 45th Street
Cape Coral, FL 33904