

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 19 AM 10:30

DOCUMENT # P03000147682

1. Corporation Name

IVAN PRESSURE CLEANING CORP.

WI-46275

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

1761 NW 46TH AVE # D312

Suite, Apt. #, etc.

3. Mailing Office Address

1761 NW 46TH AVE # D312

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33313

Country

Zip

33313

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/2003

5. FEI Number

20-0558932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100186251851
10/04/10--01011--023 **100.00

100186251851
10/04/10--01011--023 **300.00

7. Name and Address of Current Registered Agent

Name

KARAN, JULIAN I

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

1761 NW 46TH AVE # D312

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33313

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

Julian Ivan Karan

REGISTERED AGENT MUST SIGN

Date

10-08-2010

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
PD	KARAN, JULIAN IVAN	1761 NW 46TH AVE # D312	LAUDERHILL, FL 33313

10. E-mail Address:

madel_us@yahoo.com

(To be used for future annual report notification)

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: x

Julian Ivan Karan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-08-2010

Daytime Phone #