APPRUVE. AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REIN | RPORATION STATEMENT | | Secreta DIVISION OF | RTMENT OF STATE ry of State corporations | 06 MAY -2 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|--|------------------------|---------------------------------|---|---|--|--|
| DOCUMENT # P 04000118395 1. corporation Name Perfect Solutions Cleaning Service 3600 S. State Rd 7 Sute 247 Miramar F1 33023 | | | | | 000074338400 05/10/0601022021 **300.00 | |
| 2. Principal Office Address 3600 S. State Rd 7 Suite, Apt. #, etc. | | | 3. Mailing Office Address Suite, Apt. #, etc. | | REINSTATEMENT 05 | |
| 247 City & State | | | City & State | | 4. Date Incorporated or Qualified To Do Business in Florida \$ 23 64 5. FEI Number Applied For | |
| 330 | anor Flount | гу | Zip | Country | Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | |
| Name Andreas (P.O. Box Number is Not Adventable) Street Address (P.O. Box Number is Not Adventable) 1906 NW Are Suite, Apt. #, Etc. City Pembare Pines State Zip Code 733024 | | | | | | |
| Signature of Registered Agent Agent Parallel REGISTERED AGENT MUST SIGN | | | | | | |
| | and Street Addresse | | l/or Director (Florida nonp | rofit corporations must list at le | | |
| Titles | Office | Name of ers and/or Directors | | Street Address of Each Officer and/or Director | or City / State / Zip | |
| P | Andrea | Frigine | ette 190 | 6 NW 98 TAVE | e Pembrike Pines, f) 33024 | |
| ٧۶ | Christop | her Ha | yden 190 | 6 NW 98th/ | Are Pembrike Pines, C/33024 | |
| ٧P | Christin | a Rubi | N 1906 | NW 98th Ave | Pembrike Pines, Fl 33024 | |
| | | | | | | |
| | <u> </u> | | | | | |
| 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 filling 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: SIGNATURE: ANGLES TIGHT ANGLES Date Date Daytime Phone # | | | | | | |
| l | SIGNATUR | CE AND TYPED OR PR | IN IED NAME OF SIGNING C | IFFICER OR DIRECTOR | Date Daytime Phone # | |

April, 27, 2006

Perfect Solutions Cleaning Service 3600'S State Rd 7 Suite 247 Miramar, Florida 33023

Re: Document # P04000118395,

Andrea Prignette

I recently changed accountants and he informed me that I should have paid my annual report fees. I had no knowledge of this. I didn't receive any information from your office regarding this payment that should have been made, and my former accountant did not inform me about these payments. I do apologize, and I am asking if you could wave the pending late charges. Enclose is a check in the amount of three hundred dollars for the past two years. Your prompt response will be greatly appreciated.

Thank you,

Andrea Friginette