

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 OCT -3 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # D-05000007819  
1. Corporation Name  
**UNIVERSAL GREEN CLEANING SERVICE INC**

**REINSTATEMENT** 07-08  
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 3055 55TH TERR SW Suite, Apt. #, etc.		3. Mailing Office Address 3055 55TH TERR SW Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34116	Country USA	Zip 34116	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/14/2005	
5. FEI Number 20-2176679	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**REGINA L KOZIAKTEK**

Street Address (P.O. Box Number is Not Acceptable)  
3055 55TH TERR SW

Suite, Apt. #, Etc.

City  
NAPLES FL

State  
**FL**

Zip Code  
34116

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 *Regina Koziatek* Date 9-30-08  
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/D	REGINA L KOZIAKTEK	3055 55TH TERR SW -	NAPLES FL 34116

000136619960  
10/03/08--01053--012 \*\*300.00

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: *Regina Koziatek* REGINA L KOZIAKTEK Date 09-30-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

10/3aw