

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR 21 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P050000033068

**1. Corporation Name**

Clean A Way Inc.  
14836 Enclave Preserve Circle #C3  
Delray Beach, FL 33484

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

14836 Enclave Preserve Circle

Suite, Apt. #, etc.

C3

City & State

Delray Beach, FL

Zip

33484

Country

USA

**3. Mailing Office Address**

14836 Enclave Preserve Circle

Suite, Apt. #, etc.

C3

City & State

Delray Beach, FL

Zip

33484

Country

USA

700124390907  
04/21/08--01004--003 \*\*458.75

REINSTATEMENT 06-08

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 06, 2005

**5. FEI Number**

20-2415520

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Billie J. Galvez

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

14836 Enclave Preserve Circle

Suite, Apt. #, Etc.

C3

City

Delray Beach

State

FL

Zip Code

33484

☒ 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

Billie J. Galvez

REGISTERED AGENT MUST SIGN

Date

4/16/08

**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
President	Billie J. Galvez	14836 Enclave Preserve Circle C3	Delray Beach, FL 33484

**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:

Billie J. Galvez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
President

4/16/08 (561) 929-8198  
Date Daytime Phone #