


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2006 A.R.	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 MAR 22 PM 2:46
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P05000033489

1. Corporation Name

MARICELA CLEANING SERVICE, INC.

[Handwritten signature]

CR2E081 (12/05)

2. Principal Office Address 4650 NW 6 St		3. Mailing Office Address 4650 NW 6 St	
Suite, Apt. #, etc. Apt 202		Suite, Apt. #, etc. Apt 202	
City & State Miami,		City & State Miami,	
Zip 33126	Country Miami-Dade	Zip 33126	Country Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 20-2456752

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	DE ARMAS, DUNIA M
Street Address (P.O. Box Number is Not Acceptable)	4650 NW 6 St
Suite, Apt. #, Etc.	Apt 202
City	Miami
State	FL
Zip Code	33126

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

[Handwritten signature]

Date 3/6/06

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	DE ARMAS, DUNIA M	4650 NW 6 St Apt 202	Miami , FL 33126

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date

905-505-4675

Daytime Phone #