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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000046974

1. Corporation Name

DEBORAH CLEANING, INC

REINSTATEMENT on-08

600133937686
08/04/08--01049--006 **300.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
9061 DUPONT PL.	9061 DUPONT PL.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: WELLINGTON	City & State: WELLINGTON
Zip: 33414 Country: -USA-	Zip: 33414 Country: -USA-

4. Date Incorporated or Qualified To Do Business in Florida: MAR, 29 2005

5. FEI Number: ☐ 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: DEBORAH FRAGA

Street Address (P.O. Box Number is Not Acceptable): 9061 DUPONT PL

Suite, Apt. #, Etc.:

City: WELLINGTON State: FL Zip Code: 33414

☑ 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: _____ Date: 08-05-08

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
President	DEBORAH FRAGA	9061 DUPONT PL	Wellington, FL, 33067

10. I certify that I am an officer or director of 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: _____ 07-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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