

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 19 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000057308

1. Corporation Name

U.S.A. Service Clean, Inc.

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

5567 SW 7th ST

Suite, Apt. #, etc.

3. Mailing Office Address

5567 SW 7th ST

Suite, Apt. #, etc.

City & State

Margate FL

Zip

33068

Country

USA

City & State

Margate FL

Zip

33068

Country

USA

7. Name and Address of Current Registered Agent

Name

Yik Jascowka

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

Suite, Apt. #, Etc.

5567 SW 7th ST

City

Margate

State

FL

Zip Code

33068

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/05

5. FEI Number

20-2971089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

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	<u>Adna de Oliveira</u>	<u>5567 SW 7th ST</u>	<u>Margate, FL 33068</u>
VP	<u>Yik Jascowka</u>	<u>5567 SW 7th ST</u>	<u>Margate, FL 33068</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 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

Date

(954) 939-9115

Daytime Phone #

B. Mitchell FEB 19 2008