

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 OCT 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000140784**

1. Corporation Name

RD CLEANING & GENERAL MAINTENANCE, INC

B 10/20/06

2. Principal Office Address

4521 NW 7th Ave

3. Mailing Office Address

P.O. BOX 693268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Plantation

MIAMI, FL

Zip **33317** Country **USA**

Zip **33269** Country **Dade**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **20-4186516**

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

RONY DESUARENNES

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

4521 NW 7th Ave

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33317

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

REGISTERED AGENT MUST SIGN

Date **9/10/06**

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	Rony Desuarennnes	4521 NW 7 th Ave	Plantation, FL 33317
VP	Marie Desuarennnes	4521 NW 7 th Ave	Plantation, FL 33317
T	Jerome Weissner	3801 NW 20 th St	Aventura, FL 33180

09/29/06--01062--001 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/06
Date

305-895-9600
Daytime Phone #

PG 20F2

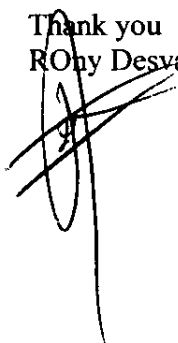
Attn: Dept. of State

RE: P05000140784
RD Cleaning & General Maintenance. Inc.

Dear Sir Madam:

I did not receive an annual report because I have a new address. I was instructed by a representative from Dept. of State to sent a corporation reinstatement form with the fee of \$150.00 with the new address.

Thank you
Rony Desvarennnes

A handwritten signature in black ink, appearing to be 'Rony Desvarennnes', written over the printed name. The signature is stylized with a large loop and a long vertical stroke.