

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000143308

1. Corporation Name

CLEAN SWEEP PRESSURE WASHING SOLUTION

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

Sheila Baker

3. Mailing Office Address

Suite, Apt. #, etc.

861.NW.85 Ter. apt. # 1814

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

33324

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

M&L Enterprises Accounting and more INC.

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

16969 NW 67 Avenue Suite # 201

Suite, Apt. #, Etc.

Suite # 201

City

Hialeah,

State

FL

Zip Code

33015

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 10/27/08

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
Pres	Fernando E Romero	861 NW 85 Ter. apt. # 1814	Plantation, FL 33324
Sec.	Leslie Blackwell	861 NW 85 Ter. apt. # 1814	Plantation, FL 33324

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

Daytime Phone #

FILED

08 OCT 30 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000137479100  
10/30/08--01025--006 \*\*300.00

REINSTATEMENT 07-08  
CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2005

5. FEI Number  
55-0907325

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.

10/31