PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2008 JAN 28 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000152197

1. Corporation Name: S & N Cleaning Concept Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4485 Marsalis ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill FL	City & State
Zip: 34609 Country: USA	Zip Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/05

5. FEI Number: 20-3961781 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee if Desired for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Orlando Ramos

Street Address (P.O. Box Number is Not Acceptable): 4485 Marsalis St.

Suite, Apt. #, Etc.

City: Spring Hill State: FL Zip Code: 34609

☑ 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: Orlando Ramos — REGISTERED AGENT MUST SIGN — Date: 10/23/07

900111196599
10/23/07--01022--024 **150.00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P	Marisol V. Ramos	4485 Marsalis ct	Spring Hill, FL 34609
P.D	Orlando Ramos	4485 marsalis ct	Spring Hill, FL 34609

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10/23/07--01022--023 **150.00

REINSTATEMENT
06-08

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10/23/07--01022--025 **8.75

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: Orlando Ramos — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/17/07 — Daytime Phone #: (727)-237-3969