

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 12 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000006683

1. Corporation Name

W09-46700
D&A Cleaning Service, Inc.

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

6618 Carrington Sky Drive

Suite, Apt. #, etc.

3. Mailing Office Address

6618 Carrington Sky Drive

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

City & State

Apollo Beach, FL

Zip

33572

Country

Hillsborough

Zip

33572

Country

Hillsborough

7. Name and Address of Current Registered Agent

Name

Dwight Blake

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

6618 CARRINGTON SKY DR

Suite, Apt. #, Etc.

City

Apollo Beach

State

FL

Zip Code

33572

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-9-09

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 |
|--------|--------------------------------------|---|------------------------|
| D | Dwight Blake | 6618 Carrington Sky Drive | Apollo Beach, FL 33572 |
| D | Aleatha Blake | 6618 Carrington Sky Drive | Apollo Beach, FL 33572 |
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REINSTATEMENT

RH

I, being 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 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]
Aleatha Blake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2009

Date

(813) 476-1129

Daytime Phone #