

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 # **PO6000006683**

1. Corporation Name
D&A Cleaning Service, Inc. *W09-46700*

2. Principal Office Address - No P.O. Box #
6618 Carrington Sky Drive

3. Mailing Office Address
6618 Carrington Sky Drive

Suite, Apt. #, etc.

City & State
Apollo Beach, FL

City & State
Apollo Beach, FL

Zip Country
33572 Hillsborough

Zip Country
33572 Hillsborough

600161892706
10/19/09--01042--003 **308.75
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida **01/17/2006**

5. FEI Number **760813409** 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 **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**

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 *[Signature]* Date **11-9-09**

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

REINSTATEMENT

I certify that I am an officer or director of 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** Date **10/13/2009** Daytime Phone # **(813) 476-1129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR