

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 24 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 06000008925

1. Corporation Name

Kleen America, Inc.

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

1930 River Oaks
Suite, Apt. #, etc.

3. Mailing Office Address

(Same)
Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL
Zip Country

FL 33326 USA

400163089634
11/24/09--01040--019 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

161745769

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

Roy Jossfolk

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

Suite, Apt. #, Etc.

1930 River Oaks

City

Weston FL

State

FL

Zip Code

33326

☒ 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

RJD

Date

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
Pres	Roy Jossfolk	1930 River Oaks	
		Weston, FL 33326	
	11/25		

10. E-mail Address: roy.jossfolk@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

RJD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-09

Date

954-658
3206

Daytime Phone #