

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 12 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000029127

1. Corporation Name

Jorge Diaz Pressure Cleaning, Inc

200140379052
01/12/09--01064--011 **450.00

REINSTATEMENT 07-09

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

8250 NW 66 Terrace

Suite, Apt. #, etc

City & State

Tamarac, FL

Zip

33321

Country

Broward

3. Mailing Office Address

8250 NW 66 Terrace

Suite, Apt. #, etc

City & State

Tamarac, FL

Zip

33321

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2006

5. FEI Number
20-4407738

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

Jorge E Diaz

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

8250 NW 66 Terrace

Suite, Apt #, Etc

City

Tamarac, FL

State

FL

Zip Code

33321

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

Jorge E Diaz

REGISTERED AGENT MUST SIGN

Date 01/07/2009

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
PVTS	Jorge E Diaz	8250 NW 66 Terrace	Tamarac, FL 33321
D	Jorge E Diaz	8250 NW 66 Terrace	Tamarac, FL 33321

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:

Jorge E Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/09

Date

Daytime Phone #

1/9 09