

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 17 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000050143

1. Corporation Name

Y KLEEN, INC

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

2745 NW 16TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

3. Mailing Office Address

2745 NW 16TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

REINSTATEMENT
CR2E081 (10/08)

08

4. Date Incorporated or Qualified
To Do Business in Florida 04/06/2006

5. FEI Number
20-4682235

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

YADIRA E. RAPALO

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

2745 NW 16TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

☒ 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

Yadira E. Rapalo

Date 11/14/2008

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
PST	YADIRA E. RAPALO	2745 NW 16TH STREET	MIAMI, FLORIDA-33125
VST	DANILO VASQUEZ	2745 NW 16TH STREET	MIAMI, FLORIDA. 33125

500138008545
11/17/08--01056--010 **150.00

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:

Yadira E. Rapalo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2008

Date

786-277-3043

Daytime Phone #

11/18