

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 JUN 11 AM 11:53 TALLAHASSEE, FLORIDA 200104426952 06/15/07--01036--002 **150.00	
DOCUMENT # PO6 0000 63231					
1. Corporation Name BISCAYNE BEST CLEANER					
2. Principal Office Address - No P.O. Box # 10911 BISCAYNE BLVD Suite, Apt. #, etc.			3. Mailing Office Address 10911 BISCAYNE BLVD Suite, Apt. #, etc.		
City & State MIA FL			City & State MIA FL		
Zip 33161 Country U.S.A			Zip 33161 Country U.S.A		
4. Date Incorporated or Qualified To Do Business in Florida 5/3/06					
5. FEI Number 51-0599430 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name ANGELA BAILEY					
Street Address (P.O. Box Number is Not Acceptable) 10911 BISCAYNE BLVD					
Suite, Apt. #, Etc.					
City MIA				State FL	Zip Code 33161
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 A. Bailey Date 5/1/07 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	
People President	Angela Bailey	10911 Biscayne Blvd		mia fl 33161	
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: A Bailey Date 5/1/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					