

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P06000115620

1. Corporation Name

SYLVIA'S HOME CLEANING SERVICES CORP

2009 MAY 26 A 11: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5588 SOUTH RUE ROAD

3. Mailing Office Address

5588 SOUTH RUE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33416

Country

USA

Zip

33416

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2006

5. FEI Number

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
SYLVIA RAYAS

Street Address (P.O. Box Number is Not Acceptable)
5588 SOUTH RUE ROAD

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33416

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

Sylvia Rayas

REGISTERED AGENT MUST SIGN

Date 05/22/09

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
PD	SYLVIA RAYAS	5588 SOUTH RUE ROAD	WEST PALM BEACH FL 33416
VP	ROSA E. VERDE	5588 SOUTH RUE ROAD	WEST PALM BEACH FL 33416
D	MARIA F. VERDE	5588 SOUTH RUE ROAD	WEST PALM BEACH FL 33416
T	NADIA VERDE	5588 SOUTH RUE ROAD	WEST PALM BEACH FL 33416

REINSTATEMENT

07-09 *PRS*

400156389984
05/26/09--01006--026 **450.00

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:

Sylvia Rayas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/09

Date

Daytime Phone #