


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000154618		08 OCT 30 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100137483391 10/30/08--01033--006 **150.00 REINSTATEMENT CR25081 (10/08) 08	
1. Corporation Name Sandra's Cleaning & Sanitorial service INC			
2. Principal Office Address - No P.O. Box # Sandra's Cleaning & Sanitorial Suite, Apt. #, etc.		3. Mailing Office Address 616 48th St Suite, Apt. #, etc.	
City & State West Palm Beach FL 33407		City & State FL 33407	
Zip Country		Zip Country	
7. Name and Address of Current Registered Agent Name Sandra Braham Street Address (P.O. Box Number is Not Acceptable) 616 48th St Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 32-0185151 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
City West Palm Beach		State FL Zip Code 33407	
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 Sandra Braham REGISTERED AGENT MUST SIGN Date 10-28-08			
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
D	Sandra Braham	616 48th Street	W.P.B FL 33407
	Sandra's Cleaning & Sanitorial	616 48th St	W.P.B FL 33407
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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: S. Braham		10-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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