

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC -1 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07)

DOCUMENT # P07000061952

1. Corporation Name

U.S.A. LAND Cleaning, Inc.

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

1040 SW 70 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

LOT B-238

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33144

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-1429149

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

ALBERTO NAVARRO

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

1040 SW 70 AVE

Suite, Apt. #, Etc.

LOT. B-238

City

Miami

State

FL

Zip Code

33144

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

Date 11-30-09

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
P	ALBERTO NAVARRO	1040 SW 70 AVE LOT. B-238	Miami FL 33144

000163214570
12/01/09--01115--013 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-09

Date

Daytime Phone #

B. Mitchell DEC 1 2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 DEC -1 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094220

1. Corporation Name

IPS DISTRIBUTING CORP

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

8375 N.W. 68TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Office Address

555 E. 25TH STREET

Suite, Apt. #, etc.

SUITE 111

City & State

HIALEAH, FL

Zip

33013

Country

MIAMI-DADE

7. Name and Address of Current Registered Agent

Name

CARLOS VEGAS

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

8375 N.W. 68 TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 11/24/2009

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
PD	CARLOS VEGAS	8375 N.W. 68TH STREET	MIAMI, FL 33166
			400163214614 12/01/09--01015--015 **158.75

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 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/2009

Date

Daytime Phone #

REINSTATEMENT

B. Mitchell DEC 1 2009