

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 14 APR 16 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000029058

1. Corporation Name

CLEEN-SERV., INC.

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

577 South West Hamlet Circle

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2276

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32024

Country

United States

City & State

Lake City, FL

Zip

32056

Country

United States

800259137428

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2012

5. FEI Number

N/A

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Sue G. Knight

Assistant Vice President

Date

4-11-14

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
President	Larry Cook	577 South West Hamlet Circle	Lake City, FL 32056

REINSTATEMENT

APR 16 2014

R. HUNT

10. E-mail Address: SERVING@comcast.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13, 2014

Daytime Phone #



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 066810 7877344

AUTHORIZATION :

Susie Knight

COST LIMIT : \$ 900.00

ORDER DATE : March 21, 2014

ORDER TIME : 9:42 AM

ORDER NO. : 066810-005

CUSTOMER NO: 7877344

DOMESTIC FILINGS

NAME: CLEEN-SERV., INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS

APR 16 2014

R. HUNT

RECEIVED
DEPARTMENT OF STATE
14 APR 16 PM 4:27