PLEASE READ A	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR. REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	FILEN
DOCUMENT # P930000 25443		98 SEP 24 PH 12: 25
1. Corporation Name		SECRETARY OF STATE TAELAHASSEE, PLURIDA
Acleanone-I, Inc.		MEEMIMOSEEM COMBA
Principal Place of Business Mailing Address		
Surve 1800 Vampa FC 33602 If above addresses are incorrect in any way, line through incorrect information and enter correction below.		80000264 94 981 -09/25/9801091016 ***1350.00 ***1350.00
2. New Principal Office Address, if Applicable 2. 50 3 W. Bardney	New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 7 / 9 3
Suite, Apt. #. etc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State Vampa FL Zin - Country C	City & State Zip Country	6. SERVICE OF CANADA SCORE SERVICE SER
3 36 11 US	or Director (Florida nonprofit corporations must list at lea	CERTIFICATE OF STATUS DESIRED
Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director City / State		
Pres Michael TWilli	ams 2503W. Gardner	CY Yampa FC 33611
13 984		
- $ -$		
DEINISTATEMENT		
REINSTATEMENT		
8. Name and Address of Current R	egistered Agent	9. Name and Address of New Registered Agent
Michael V Williams Name		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
City State Zip Code		
10. I, being appointed the registered agent of the above larger corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Date 9-23-98 REGISTERED AGENT MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (See other side for information on intangible tax.)		
12. 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my shunature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9-33-96 8138319348 Daylimc Phone #		