

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000043528

1. Corporation Name

APONTE CLEANING SERVICES

06 NOV -7 PM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/2

REINSTATEMENT 1995-2006 REC

2. Principal Office Address 4720 NE 2 <sup>nd</sup> AVENUE	3. Mailing Office Address 4720 NE. 2 <sup>nd</sup> AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State POMPANO Beach, FL	City & State POMPANO Beach, FL
Zip 33064	Country U.S.A.
7. Name and Address of Current Registered Agent	
Name JOSE A. APONTE Street Address (P.O. Box Number is Not Acceptable) 4720 NE. 2 <sup>nd</sup> AVENUE Suite, Apt. #, Etc. City POMPANO Beach.	
State FL Zip Code 33064	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

6. 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

*Al At*

Date 11/11/06

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
PVST.	JOSE A. APONTE	4720 NE 2 <sup>nd</sup> AVENUE	POMPANO BEACH, FL 33064
D.	JOSE A. APONTE	4720 NE 2 <sup>nd</sup> AVENUE	POMPANO BEACH, FL 33064
			500081668806 11/19/06-01043-006 **1658.75
			500081668806 11/19/06-01043-007 **256.25

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 under section 119.07(3)(i), 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:

*Al At*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-06

Date

Daytime Phone #

Department of State  
Division of Corporation

Re: Document No.

To whom it may concern

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I, Jose A. Aponte, President of Aponte Cleaning Service, am writing this letter to ask you to accept my payment for several years of annual report of the above mentioned corporation.

The reason of the delay is that I never received the report and since it is the first time I am in a corporation I did not know I was supposed to send it before May 1<sup>st</sup>. I just found out about it, this matter brought up by my new accountant.

Please accept my apology and my payment.

Sincerely,

  
\_\_\_\_\_  
Jose A. Aponte

The corporation did not receive the annual report  
in 1995 - document corrected per Alan Blanco of Segars.  
JSA