PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 1976 NOV 18 PH 3 17 **DOCUMENT #** P95000068592 SECRETARY OF STATE 1. Corporation Name EXPRESS CLEANING SERVICE, INC. Principal Place of Business Mailing Address 7279 ORANDE STEET. 7779 GRANDE STREET SUNTINCE FE-00001 CUNTRICE FL BOOK! If above addresses are incorrect in any way, line through incorrect information and enter correction below. rincipal Office Address. If Applicable 3. New Mailing Office Address, If Applicable te, Apt. #, etc. 5. FEI Number & State 6. Ζiρ Country Browar CERTIFICATE OF STATUS DESIRED **并下下的地址的图明**社会 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) and/or Directors City / State / Zip CALDERON, JOSEFINA PTD 7779 GRANDE STIEST MARTINEZ, MARIA E **VSD** 800002009468 ****375.00 ******375.00 5. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPECEL CHRED 343 ALMENA AVENUE CORAL GABLES FL 33134 #, Etc. วิบกท่ระ 10. I, being appointed the register Mamiliar with and accept the obligations of Section 607.0505, F.S. d agent of th Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes X No Dept. of Revenue under S. 199.032, Florida Statutes. 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 turther certify that when fling 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 legarificate as if made under oath.

SIGNATURE A

ID TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOF