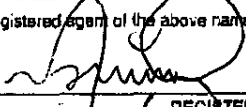


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 APR 19 AM 11:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P960000 47625		
1. Corporation Name K & G Cleaning Services Inc 12320 NW 29th Street SUNRISE FL 33323 WOI-8519		
2. Principal Office Address Suite, Apt. #, etc.		3. Mailing Office Address 3050 SOUTH COUNTRY CLUB LANE Suite, Apt. #, etc.
City & State Zip Country		City & State HALLANDALE FL 33009 Zip Country
To Do Business in Florida 06/05/96		5. FEI Number 650684591 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 Karen Osta	
Street Address (P.O. Box Number is Not Acceptable) 3050 SOUTH COUNTRY CLUB LANE	
Suite, Apt. #, Etc.	
City HALLANDALE	State FL Zip Code 33009

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 03/19/01	
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 P	Name of Officers and/or Directors Karen Osta	Street Address of Each Officer and/or Director 3050 SOUTH COUNTRY CLUB LANE	City / State / Zip HALLANDALE FL 33009
		500004077855-2 -04/25/01 --01080--021 ***1200.00 ***1200.00	
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 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: 		Date 03/19/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	