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
W01-8519

2. Principal Office Address	3. Mailing Office Address
	3050 SOUTH COUNTRY CLUB LANE 98-01
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
	HALLANDALE FL 33009
Zip / Country	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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Karen Osta	3050 SOUTH COUNTRY CLUB LANE	HALLANDALE FL 33009

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***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: _____ 03/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02