

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 29 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200007536632--6
-09/05/02--01029--004
*****500.00 *****500.00

REINSTATEMENT 2000-2002

DOCUMENT # 197000024487
1. Corporation Name
Concord Pressure cleaning, Inc.

2. Principal Office Address
512 N. 4th street.
Suite, Apt. #, etc.

3. Mailing Office Address
512 N 4th st.
Suite, Apt. #, etc.

City & State
LANTANA, Florida

City & State
SAME

Zip
33462

Country
U.S.A.

Zip
33462

Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
1997 Est.
5. FEI Number
650737942
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
JEFF D. MALIK President 200007536632--6
Street Address (P.O. Box Number is Not Acceptable)
512 N. 4th st
Suite, Apt. #, Etc.
City
LANTANA
State
FL
Zip Code
33462

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 [Signature] Date 7-22-02
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
			200007536632--6 -09/05/02--01029--006 *****8.75 *****8.75
Pres.	JEFF MALIK President.	512 N. 4th st	LANTANA, FL, 33462
			200007536632--6 -09/05/02--01029--007 ****250.00 ****250.00

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: [Signature] JEFF MALIK. 7-22-02 561 254 8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)