PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 28 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000034249**

1. Corporation Name

#1 CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
2306 CUMBERLAND CIR #405 CLEARWATER FL 34623	PO BOX 6732 CLEARWATER FL 34618

REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 1330 Moreland DR #9.	Suite, Apt. #, etc.
City & State Clearwater FL.	City & State
Zip 33764. Country U.S	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/1997

5. FEI Number: 59-3441736 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SOUZA, FRANSICO	18606 OSHAWA DRIVE	HUDSON FL 34667
	SOUZA FRANCISCO	1330 Moreland DR #9.	Clearwater FL 33764
			300004765483--2 -01/10/02--01078--004 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SOUZA, FRANCISCO 18606 OSHAWA DRIVE HUDSON FL 34667	Name: SOUZA FRANCISCO. Street Address (P.O. Box Numbers Not Acceptable): 1330 Moreland DR #9. Suite, Apt. #, Etc.: APT # 9. City: Clearwater. State: FL Zip Code: 33764.

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 12/24/01

11. 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 REQUIRED Francisco Souza 12/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #