

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000076471

1. Corporation Name

POWER CLEANING SERVICE, INC

2. Principal Office Address

1400 NE 42 CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

City & State

Zip

33064

Country

BROWARD

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/04/97

5. FEI Number

650779060

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

GLEISSON OLIVEIRA

Street Address (P.O. Box Number is Not Acceptable)

1400 NE 42 CT

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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]

REGISTERED AGENT MUST SIGN

Date 02/09/06

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	GLEISSON OLIVEIRA	1400 NE 42 CT	Pompano Bch, FL 33064
S	LUCIENE OLIVEIRA	1400 NE 42 CT	Pompano Bch, FL 33064

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 contained in Chapter 119, 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]

GLEISSON OLIVEIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/06

Date


954-943-6086

Daytime Phone #

TO HOW MAY CONCERN:

I did not receive the 2004 and
my Annual report Notice.

Please wave the \$600.00 penalt.

Sign 
Gleisson OLIVEIRA