PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 16 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000034515

1. Corporation Name

Blue Haven Cleaner, Inc

2. Principal Office Address	**3.** Mailing Office Address
20170 Pines Blvd Ste 115	20170 Pines Blvd Ste 115
Suite, Apt. #, etc. Ste 115	Suite, Apt. #, etc. Ste 115
City & State Pembroke Pines	City & State Pembroke Pines
Zip 33029 Country Broward	Zip 33029 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 4/15/98

5. FEI Number 65-0827374 ☐ 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: Roch Poirier

500005348405--6
-04/25/02--01047--031
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 20170 Pines Blvd

Suite, Apt. #, Etc.: Ste 115

City: Pembroke Pines | State: FL | Zip Code: 33029

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 4-12-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Poirier, Roch	3430 Galt Ocean Dr #805	Ft lauderdale Fl 33308
SD	Poirier, Bertrand	3430 Galt Ocean Dr #805	Ft lauderdale Fl 33308

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.

954-442-1030

SIGNATURE: _____ 4-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #