

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000047760**

1. Corporation Name

MASTER CLEANING OF MIAMI, INC.

Principal Place of Business

7501 E. TREASURE DR., STE. 2P
MIAMI FL 33141

Mailing Address

7501 E. TREASURE DR., STE. 2P
MIAMI FL 33141

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1998

5. FEI Number

65-0840373

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
D	BRAYTON, ANA	7501 E. TREASURE DR., STE. 2P	MIAMI FL 33141

700003050587--2
11/22/99-01820-018
****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAYTON, ANA
7501 E. TREASURE DR., STE. 2P
MIAMI FL 33141

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11/4/99

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/99 (786) 8973655

Daytime Phone #

MASTER CLEANING OF MIAMI, INC.

7501 E TREASURE DR. STE 2P
MIAMI, FLORIDA 33141

NOVEMBER 4, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REF: MASTER CLEANING OF MIAMI, INC.
DOCUMENT # P 98000047760

DEAR SIR OR MADAME:

I AM IN RECEIPT OF YOUR PROFIT CORPORATE ANNUAL REPORT, DUE TO THE FACT THAT I AM A NEW BUSINESS OWNER, THE CORPORATE ANNUAL REPORT IN QUESTION WAS NOT SUBMITTED BECAUSE OF NEGLIGENCE OR RESPONSIBILITY ON MY BEHALF, BUT RATHER FOR NOT BEING PROPERLY ASSESSED BY MY ACCOUNTANT. IN VIEW OF THIS CIRCUMSTANCE, I KINDLY REQUEST CONSIDERATION IN THE WAIVING OF PENALTIES WITH THE ASSURANCE THAT THIS OVERSIGHT WILL NEVER HAPPEN AGAIN.

ONCE AGAIN YOUR CONSIDERATION OF THIS MATTER IS GREATLY APPRECIATED. PLEASE FEEL FREE TO CONTACT ME AT (786)897-3655, SHOULD YOU HAVE ANY QUESTIONS.

SINCERELY,


ANA BRAYTON
PRESIDENT