PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99 01

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 12:10

DOCUMENT # P98000060685

1. Corporation Name: Klassy Touch Kleaning Service

2. Principal Office Address	3. Mailing Office Address
10209 Forest Run	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton Fl	City & State
Zip: 34211 Country	Zip Country

04-26-99 90222 028 $150.00

4. Date Incorporated or Qualified To Do Business in Florida: 1997?

5. FEI Number: 65-0875041 ☐ 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: Kimberly D Butler

Street Address (P.O. Box Number is Not Acceptable): 10209 Forest Run

Suite, Apt. #, Etc.:

City: Bradenton | State: FL | Zip Code: 34211

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****300.00 ****300.00

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: Kimberly D Butler (REGISTERED AGENT MUST SIGN) Date: 9-19-01

CR2E031 (9/00)

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
Pres	Kim Butler	10209 Forest Run	Brad. Fla. 34211
Vice Pres	Ron Butler	10209 Forest RUN	Bradenton FL-34211
Treasury	Kim Butler	10209 Forest RUN	Bradenton FL-34211

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: Kim Butler (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 9-19-01 Daytime Phone #: 941 726-3662

8-28-01

To whom it may Concern.

I Am Writing this letter in regards to my Corporation I sent all necessary papers in on time. I received another paper regarding my officers and I also sent them in too. I today learned after talking for my exempt form that you did not receive the paperwork - I am asking you to please waive the late/penalty fee - I have enclosed 300.00 so that I can start the Corporation up Again

Thank you -

Any questions please Call 941-726-3662

Kim Butler

S.S# 266-61-9296

RICH# 850-245-6050

or 850-245-6059 #2