

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 14 AM 10:47

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000076849

1. Corporation Name

FIRST QUALITY CLEANING & SERVICES, INC.

2. Principal Office Address

13825 SW 88th St

3. Mailing Office Address

13825 SW 88th St

Suite, Apt. #, etc.

Suite # 150

Suite, Apt. #, etc.

Suite # 150

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

Zip

33186

Country

REINSTATEMENT 00-01

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

09/04/1998

SP

5. FEI Number

65-0864341

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

Roque H. Velazquez

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

20 Alhambra Circle

Suite, Apt. #, Etc.

Villa # 5

City

Coral Gables

State

FL

Zip Code

33134

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

Roque H. Velazquez
REGISTERED AGENT MUST SIGN

Date

9/5/01

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
PTD	Mr. Anicama, Antonio	13825 SW 88th St #150	Miami, Florida 33186

09/18/01 90012030 \$563.75

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09.11.01

CR2001 (9/00)