May-31-02 08:54A C.C.A.M. 941 434 6367 P.01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN -5 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # P99000003261

1. Corporation Name

MARCO CONTRACT cleaning INC.

2. Principal Office Address	3. Mailing Office Address
1784 Beverly DR.	1784 Beverly Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES,	City & State: Florida
Zip: 34114 Country: Collier U.S.A.	Zip: 34114 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650886732 ☐ 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: Barbara McKean

Street Address (P.O. Box Number is Not Acceptable): 950 N. Collier Blvd #423

Suite, Apt. #, Etc.

City: Marco Island, Fl State: FL Zip Code: 34145

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****900.00 ****900.00

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: [signature] Date 5/31/02

REGISTERED AGENT MUST SIGN

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.	ROSEMARY ALPAK	1784 Beverly DR.	NAPLES Fl. 34114
Vice Pres.	SEVKET ALPAK	1784 Beverly DR.	NAPLES Fl. 34114

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: [signature] 6/1/2001 941-774-0877

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

CR2E080 (10/01)

JS 6/14/02