## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COR	PORATI	ON ON	Se	cretary	MENT OF STATE of State RPORATIONS			APPHOVI AND FILED		
DOCUMENT # p99000019218			K	03 JUN 25 PM 9: 42						
1. Corporation Name					• •	1		SECRETARY OF	STATE	
ırela	ind Clea	ning Services, Ir	IC.					TALLAHASSILE.	FUNIUA	
2. Principal Office Address 7300 Biscayne Blvd.		3. Mailing Offic	Office Address			<b>^</b> 7	- 7M	<b>31</b>		
<del></del>		Suite, Apt. #, etc	, Apt. #, etc.			<u>U</u>	- 200	<u> 3 U</u>	D	
Ste. 200				ر مستعدد معدد	4. Date Incorp	orated or (	Qualified Feb. 25;	1999 —		
City & State City & State		City & State			5. FEI Numbe	 17106		Applied Fo		
Zip & 33138		Country	Zip		Country	6.		S DESIDED A	Not Applica	uired
33.33	<del>,</del>		7. Nam	ne and Ad	dress of Current Registe	red Agent		lor a C	ertificate of Sta	105
	Name SI	nearl Ray Hicks						<del></del>		
	Street Address (P.O. Box Number is Not Acceptable)						<del>:35</del> **308.7	75		
	Suite, Apt.	#, Etc. Ste. 302	<u></u>					_ <del></del>		
	City Miami Beach						State Zip Code FL 33139			
8. I, being	appointed the	registered agent of the abo	ve named corporat	tion, am fai	miliar with and accept the o	obligations of section	on 607.050	05 or 617.0503, F.S.		10/02)
Signature of Registered Agent REGISTERED AGENT MI		NT MUST S	BIGN		Date _	4-23-0	3	CR2E081		
9. Names	and Street Ad	ddresses of Each Officer and	l/or Director (Florid	la nonprofi	t corporations must list at le	east 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip				
Pres	-Shearl-R	ay Hicks		1523 West Ave.; Ste. 302			**Miami Beach; FL*33139 <			
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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 AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Davtime Phone #



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Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

We never received any documentation regarding our Annual Report filing. We were just made aware that our corporation has been Administratively Dissolved due to failure to file Annual-Report—We contacted the Division of Corporations and explained the situation, they advised us to send a letter attesting to the fact that we did not receive any notice. We are including our Corporation Reinstatement along with a check made payable to Department of State in the amount of \$308.75.

If you have any questions or concerns, please feel free to contact me at 305-756-9007.

<del>Sinc</del>erely,

Durae Goff, General Manager Ireland Cleaning Services, Inc.