TOTAL 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
00 OCT 30 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025534

REINSTATEMENT 00

1. Corporation Name

A Reliable Carpet CLeaning, Inc.

2. Principal Office Address	3. Mailing Office Address
1885 F NE149th St.	11077 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#307
City & State	City & State
North Miami FL	Miami, Fl
Zip / Country	Zip / Country
33181 / USA	33161 / USA

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

5. FEI Number: 65-0905529 ☐ 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: Richard Baron, Esq.

Street Address (P.O. Box Number is Not Acceptable): 11077 Biscayne Blvd.

Suite, Apt. #, Etc.: #307

City: Miami | State: FL | Zip Code: 33161

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****750.00 ****750.00

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: R Baron
REGISTERED AGENT MUST SIGN

Date: 10/27/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Eric Alleyn	432 Holly Lane	Plantation,FL 33317
V.P.	Alan J. Rubin	290-174th St #1012	SUnny Isles BchFL 33160
Treas	Joan Crossan	290-174th St #1012	SUnny IslesBchFL 33160

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: _____ 10/27/00 305-354-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #