

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 19 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 27289

1. Corporation Name

Total Cleaning Co.

HA

2. Principal Office Address

16701 Cordova Ct

3. Mailing Office Address

16701 Cordova Ct

REINSTATEMENT 99-01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

5. FEI Number

65-0909518

Applied For

Not Applicable

Zip

33484

Country

Palm Beach

Zip

33484

Country

Palm Beach

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NESTOR O. MARI

800003602818-3

-01/30/01--01130--104

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

16701 Cordova Ct

***900.00 ***900.00

Suite, Apt. #, Etc.

City

DELRAY BEACH

State
FL

Zip Code

33484

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

NESTOR O. MARI *Nestor O. Mari*

Date 1/7/01

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
D	NESTOR O. MARI	16701 Cordova Ct	Delray Beach FL 33484
D	MARIA E. MARI	16701 Cordova Ct	Delray Beach FL 33484

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:

NESTOR O. MARI *Nestor O. Mari*

1/2/01

(561)638-0265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)