

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 24 PM 6:27

DOCUMENT # **P99000065502**

1. Corporation Name

QUALITY CLEANING SERVICE OF VENICE, INC.

Principal Place of Business

1587 SUSSEX RD
 VENICE FL 34293

Mailing Address

1587 SUSSEX RD
 VENICE FL 34293



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0932455	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WADE, JACQUELYN C	1587 SUSSEX RD	VENICE FL 34293
D	WADE, CHARLES H	1587 SUSSEX RD	VENICE FL 34293
D	WADE, CHARLES H II	1587 SUSSEX RD	VENICE FL 34293
			400004679374--7
			-11/14/01--01088--009
			***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WADE, JACQUELYN C 1587 SUSSEX RD VENICE FL 34293		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Jacquelyn Wade* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN

Date: 10/22/01 **AD**

11. 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: *Jacquelyn Wade* **SIGNATURE REQUIRED**

Signature and Typed or Printed Name of Signing Officer or Director

Date: 10/22/01 (941) 497-1037

Daytime Phone #

CR2E040 (8/01)

Quality Cleaning Service of Venice Inc.

1587 Sussex road
Venice, fl 34293

October, 22,2001

To Whom It May Concern,

We are a new corporation and have not previously had any correspondence and were not aware that something should have come in the mail.

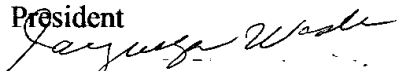
Please accept the 2001 Uniform Business Report enclosed as timely filed, along with our check for \$150.00

We never received the form in the year 2001.

Thank you,



Charles Wade
President



Jacquelyn Wade