PLEASE READ AL	LL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM
APPLICATION	FLORIDA DEPARTMENT OF STATE	APPROVED
FOR	Sandra B. Mortham	FILED
REINSTATEMENT	Secretary of State	
DOCUMENT # \$41707		96 DEC 18 AM 10: 08
1 Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
JET-SET PRESSURE CLEANING, INC.		IALLAHASSEE, FLORIDA
Principal Place of Business 8370 NW 166TH TERR.	Mailing Address	A PARTISTO SIL GENDAL HEGIT EDDIR GERTI LARAL OTDEN DEDIK OTDEN BEDER SKRIT DEDIT 19 DE
	8370 MW 168TH TERR. SLUTE-8-2T	
MIAMI FL 33016 US	Miami Fl. 33016 US	
If above addresses are incorrect in any way, line throug	gh incorrect information and enter correction below.	
New Principal Office Address, If Applicable	New Malling Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida 03/28/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc. 8370 DW Wele TERRE	5. FEI Number
City & State	City & State	65-0248859 Applied For Not Applicable
Zip Country 2	Zip 33016 DADE	6. CERTIFICATE OF STATUS DESIRED 58.75 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)		
Title(s) Name of Officers and/or Directors	Street Address of Each	
P CORREIA_ROSS	Officer and/or Director 3 (Do NOT Use Post Office Box No 8360 N.W. 166TH TERRACE	
1 CONTRIBUTIONS	6300 BLOG-TOOTH TERROCE	MIAMI FL
V PEDROSA, LARRY 8370 N.W. 168TH TERRACE MIAMI FL		
		0000020372108
		-12/24/9601111023 ****375.00 ****375.00
		*****313.00 *****313.00
		RAI
		INSTATEVENT 1440
	5 455	O Alaw
The state of the s		9. Name and Address of New Registered Agent
PEDROSA, LARRY	Name	12/10/YE
8370 NW 166TH TERR	Street Address (P.	O. Box Number is Not Acceptable)
MIAMI FL 33016	Suite, Apt. #, Etc.	8
	City	State Zip Code
10 1 being appointed the registreed agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Register and Agent Agent Agent MUST SIGN Date 12/8/96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
12 I cortify 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 filling 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 eath.		
SIGNATURE: LACEY PENEDSA / FAMT PULLUSSA 12/8/96 (305) 824-3682 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR O GIRECTOR Dato Dayline Phono &		