

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED

01 MAY 14 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58671

1. Corporation Name

Careful Clean, Inc.

2. Principal Office Address

1197 S.E. McFarlane Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Zip

34952

Country

U.S.A.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-6-91

5. FEI Number

52-2099265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan B. Armendarez

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

1197 S.E. McFarlane Avenue

Suite, Apt. #, Etc.

City

Port St. Lucie,

State
FL

Zip Code

34952

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

Juan B. Armendarez
REGISTERED AGENT MUST SIGN

Date 5/11/01

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
P	Juan B. Armendarez	1197 SE McFarlane Ave.	Port St. Lucie, FL 34952
S/T	Juan B. Armendarez	1197 SE McFarlane Ave.	Port St. Lucie, FL 34952

REINSTATEMENT 99-01

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 807.0401 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)(f), 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:

Juan B. Armendarez

5/11/01

Date

561-489-0055

Daytime Phone #

CR2E081 (9/00)