

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 OCT -2 PM 3:37
 RECEIVED
 TALLahassee, FLORIDA

DOCUMENT # **V05746**

1. Corporation Name
KOMplete CLEANING COMPANY

Principal Place of Business 1880 DR. ANDRE'S WAY SUITE "D" DELRAY BEACH FL 33445	Mailing Address 1880 DR. ANDRE'S WAY SUITE "D" DELRAY BEACH FL 33445
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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.		01/10/1992	
City & State		City & State		5. FEI Number 65-0330321	
Zip		Zip		Applied For	
Country		Country		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	GREEN, ARNOLD	5898 ASHLEY LAKE DR. #1034 197 AMBROSE DR	BOYNTON BEACH FL DELRAY Bch fl 33445
VSD	CHRISTIE, ANDREA	244 SW 5TH AVE. 241 ROSS DR	DELRAY BEACH FL 33444 DELRAY Bch fl 33445
<p>REINSTATEMENT - 97-98</p> <p>56 10-2-98</p> <p>800002660958-8 -10/09/98--01091--012 (***900.00 ***900.00)</p>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CHRISTIE, ANDREA 244 SW 5TH AVE - 241 ROSS DR DELRAY BEACH FL 33445		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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: *Christie* REGISTERED AGENT MUST SIGN Date: 9/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Christie* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 9/25/98 Daytime Phone #

CR2E040 (8/97)