FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # V18404

1. Corporation Name

Amclean, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
P. O. Box 1784	P. O. Box 1784
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Salerno	City & State: Port Salerno
Zip: 34997 Country: USA	Zip: 34997 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 2/28/92

5. FEI Number: 650247906 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jacqueline McGuire

Street Address (P.O. Box Number is Not Acceptable): 3515 S.E. Lionel Terrace

Suite, Apt. #, Etc.:

City: Stuart State: FL Zip Code: 34997

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****900.00 ****900.00

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: Jacqueline McGuire Date: 11-1-01
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	Jacqueline McGuire	3515 S.E. Lionel Terrace	Stuart, FL 34997
			AD

10. I certify that I am an officer or director of 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.

561-2504

SIGNATURE: Jacqueline McGuire Jacqueline McGuire 11-1-01 4846
SIGNATURE AND TYPED OR PRINTED NAME OF HONORED OFFICER OR DIRECTOR — Date — Daytime Phone #