

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 13 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V29942

1. Corporation Name

CLEANTECH SERVICES INC.

NA

300013263933

02/28/03--01015--006 \*\*2250.00

2. Principal Office Address

13435 SW 128ST

3. Mailing Office Address

1602 ALTON RD

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

PMB #14

City & State

MIAMI, FL

City & State

MIAMI BEACH, FL

Zip

33186

Country

US

Zip

33139

Country

US

4. Date Incorporated or Qualified  
To Do Business In Florida

04/21/1992

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 93-03

7. Name and Address of Current Registered Agent

Name

JUAN MADRID

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

13435 SW 128 ST

Suite, Apt. #, Etc.

STE: 111

City

Miami

State

FL

Zip Code

33186

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 Madrid*

Date 2/10/03

REGISTERED AGENT MUST SIGN

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
D	JUAN MADRID	1602 ALTON ROAD PMB #14	MIAMI BEACH, FL 33139

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 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:

*Juan Madrid*

JUAN MADRID

2/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)