

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 FEB 13 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V29942**

1. Corporation Name

CLEANTECH SERVICES INC.

2. Principal Office Address

13435 SW 128ST

Suite, Apt. #, etc.

SUITE 110

City & State

MIAMI, FL

Zip

33186

Country

US

3. Mailing Office Address

1602 ALTON RD

Suite, Apt. #, etc.

PMB #14

City & State

MIAMI BEACH, FL

Zip

33139

Country

US

300013263933  
02/28/03--01015--006 \*\*2250.00

**REINSTATEMENT 93-03**

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

**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.

SUITE 110

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)