

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000162314

1. Entity Name
COLSTAR CLEANING, INC



FILED

07 JAN -2 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5240 FLYING EAGLE
KISSIMMEE, 34746

Mailing Address
5240 FLYING EAGLE
KISSIMMEE, 34746



2. Principal Place of Business

3. Mailing Address

2674 Robert Trent Jones Dr 2674 Robert Trent Jones Dr
Suite, Apt. #, etc. Suite, Apt. #, etc.
337 337

11202006 REIN-P CR2E098 (11/05)

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32835 USA

32835 USA

4. FEI Number

75-3205266

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAIMES, WENDY M
5240 FLYING EAGLE
KISSIMMEE, FL 34746

Name

Jaimes, Wendy M.

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

2674 Robert Trent Jones Dr, Apt 337

City

ORLANDO

FL

Zip Code

32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/22/06
DATE

FILE NOW!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MARULANDA, ROSA E
STREET ADDRESS 5240 FLYING EAGLE
CITY-ST-ZIP KISSIMMEE, FL 34746 ☐ Delete

TITLE
NAME 600082255466
STREET ADDRESS 12/04/06--01050--003 **159.75
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME JAIMES, WENDY M
STREET ADDRESS 5240 FLYING EAGLE
CITY-ST-ZIP KISSIMMEE, FL 34746 ☐ Delete

TITLE
NAME 600082255466
STREET ADDRESS 01/03/07--01017--005 **150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

Wendy M. Jaimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy M. Jaimes

11/22/06 321-947-6301
DATE Daytime Phone #

01/02