

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000022390 1. Entity Name MA'S DEBRIS REMOVAL, INC.	
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FILED

2007 DEC -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5974 WESTGATE DRIVE STE. 104 ORLANDO, FL 32835	Mailing Address 5974 WESTGATE DRIVE STE. 104 ORLANDO, FL 32835
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11302007 REIN-P CR2E098 (1/07)

4. FEI Number 87 0764543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRATT, ARLENE V 5974 WESTGATE DRIVE STE. 104 ORLANDO, FL 32835	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: right; padding-right: 10px;">FL</td> <td style="border: none;">Zip Code</td> </tr> </table>	FL	Zip Code
FL	Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
After January 1, 2008, Fee will be \$300.00		

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ARLENE, PRATT <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLENE, PRATT		NAME		
STREET ADDRESS	5974 WESTGATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	300112784933	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	12,000.00 01055--005 ++150.00	
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CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Arlene V. Pratt 11.30.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #