

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000038376

**FILED  
Jul 12, 2011  
Secretary of State**

**Entity Name:** A B C ANGEL'S JANITORIAL PROPERTY SERVICES, INC.

**Current Principal Place of Business:**

4221 N.E. 13TH AVE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4221 N.E. 13TH AVE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 65-1300115      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERRE, POLAINE  
4221 N.E. 13TH AVE  
POMPANO BEACH, FL 33064      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: POLAINE PIERRE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: PIERRE, POLAINE  
Address: 4221 N.E. 13TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DVP  
Name: FAURISMA, JOCELYNE  
Address: 4221 N.E. 13TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: POLAINE PIERRE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

07/12/2011

\_\_\_\_\_  
Date