2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# F03000005605

Entity Name: KLEENUP RESTORATION, INC.

Current Principal Place of Business:

845 EAST 229TH STREET
BRONX, NY 10466

New Principal Place of Business:

Current Mailing Address:

845 EAST 229TH STREET
BRONX, NY 10466

New Mailing Address:

FEI Number: 13-4184624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, MICHAEL
1619 BENT PINEWAY
BRANDON, FL 33511 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BRYAN, MICHAEL
Address: 1619 BENT PINEWAY
City-St-Zip: BRANDON, FL 33511

Title: VC ( ) Delete
Name: HYDE, GARY
Address: 3044 LACONIA AVENUE
City-St-Zip: BRONX, NY 10469

Title: P ( ) Delete
Name: BRITHWRIGHT, PATRICK
Address: 4040 GRACE AVENUE
City-St-Zip: NEW YORK, NY 10466

Title: CFO ( ) Delete
Name: WEBB, AINSLEY
Address: 111-19 FRANCIS LEWIS BLVD
City-St-Zip: JAMAICA, NY 11429

Title: S ( ) Delete
Name: BRYAN, INGRID
Address: 4040 GRACE AVENUE
City-St-Zip: NEW YORK, NY 10466

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BIRTHWRIGHT, PATRICK
Address: 4040 GRACE AVENUE
City-St-Zip: NEW YORK, NY 10466

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL BRYAN C 10/22/2004

Electronic Signature of Signing Officer or Director Date