## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H70143

Entity Name: BAY AREA WINDOW CLEANING, INC.

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

5553 W. WATERS AVE. SUITE 315

TAMPA, FL 33634 US

Current Mailing Address: New Mailing Address:

5553 W. WATERS AVE. SUITE 315 TAMPA, FL 33634 US

FEI Number: 59-2565951 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RICHESON, HOPE L. 16105 CARDEN DR ODESSA, FL 33556 US

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: HOPE L. RICHESON

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 ( ) Delete

 Name:
 RICHESON, JOHN D.,

 Address:
 16105 CARDEN DR

 City-St-Zip:
 ODESSA, FL 33556

ODESSA, FL 33556

Title: VP ( ) Delete Name: RICHESON, HOPE L., Address: 16105 CARDEN DR

City-St-Zip:

Title: PTD (X) Change ( ) Addition

Name: RICHESON, JOHN D., Address: 16105 CARDEN DR City-St-Zip: ODESSA, FL 33556

Title: VSD (X) Change ( ) Addition

Name: RICHESON, HOPE L., Address: 16105 CARDEN DR City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN D. RICHESON PRES 10/29/2008