

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000018162	
1. Entity Name EAST COAST HOME CLEANING INC.	



FILED

05 JUN 16 PM 12:20

SECRET  
TALLAHASSEE

Principal Place of Business 3250 CORAL LIFE DR CORAL SPRINGS, FL 33055	Mailing Address PO BOX 804 CORAL SPRINGS, FL 33065
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2. Principal Place of Business 3250 CORAL LIFE DR		3. Mailing Address PO BOX 804	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33065	Country AMERICA	Zip 33075	Country AMERICA

05122005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent RUTIZER, CARY 3250 CORAL LIFE DR CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: RUTIZER, CARY Street Address (P.O. Box Number is Not Acceptable) 14251 N. Rd. City: LOXAHATCHEE, FL Zip Code: 33470	
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4. FEI Number  
11-3651370

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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: *Cary Rutizer* DATE: 6/1/05  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTIZER, CARY 3270 B. ROAD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUTIZER, CARY PO BOX 804 CORAL SPRINGS FL 33075 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100056265011 06/16/05--01057--002 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Cary Rutizer* DATE: 6/1/05 DAYTIME PHONE #: 561-239-1829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR