

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10312006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P01000072817</b> 1. Entity Name <b>MACK'S CLEANING SERVICE INC.</b>					
Principal Place of Business <b>1010 SW 83RD AVE NORTH LAUDERDALE, FL 33068</b>			Mailing Address <b>1010 SW 83RD AVE NORTH LAUDERDALE, FL 33068</b>		
2. Principal Place of Business <b>2625 Athens Dr.</b>		3. Mailing Address <b>2625 Athens Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Leesburg, FL</b>		City & State <b>Leesburg, FL</b>		4. FEI Number <b>65-0504214</b>	
Zip <b>34748</b>		Country <b>Lake</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCLEAN, DESMOND 1010 SW 83RD AVE NORTH LAUDERDALE, FL 33068</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Desmond MS</i></u> DATE <u>10/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MCLEAN, DESMOND 1010 SW 83RD AVE N LAUDERDLAE, FL 33068</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2625 Athens Dr. Leesburg, FL 34748</b>	
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 <b>700081550807 11/06/06--01034--010 **150.00</b>	
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	
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 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: <u><i>Desmond MS</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10/31/06</u> Daytime Phone # <u>(954) 448-5297</u>		