2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINƏIAIEMENI							FILED				
DOCUMENT # P02000007056						1 FL-1-17					
1. Entity Name G.Q. CLEANING SERVICE, INC.						07 OCT 25 PM 3: 14					
G.Q. CLE	ANING S	ERVICE, INC			1						
					SHONLIANT OF STATE						
Principal Place of Business Mailing Address							FALLAHAS!	SEE, FLO	RIDA		
3131 NW 13 STREET STE 3 3524 SW 30TH TERR APT 35					+						
GAINESVILLE	, FL 32609		GAINESVILLE								
· · · · · · · · · · · · · · · · · · ·								CALIN ATENNI (AZELLA)			
Principal Place of Business - No P.O. Box # 3. Mailing Address								11 14 11 14 1 11 1 1			
Suite, Apt.	#. etc.		Suite, Apt. #	Suite, Apt. #, etc.			INSTATE	RAEAL	7	\sim	
							1140-1VI		(1/0/)	O_{I}	
City & State			City & State	City & State			er OBCO			plied For	
Zip Country			Zip	Zip Country		26-000		L/ \$8	.75 Add	t Applicable	
0.53/11/					5. Certificate	of Status Desired		Required			
	б. Name	and Address of C	urrent Registered Agent		Negati	7. Name and	Address of New Ro	gistered Age	nt		
BASS, GLO	ORIA			Name	<u></u>						
3524 SW 3	30TH TER	R APT 35A			Street Address	(P.O. Box Numb	er is Not Acceptable)			
GAINESVI	LLE, FL 3	12608			<u> </u>						
					City				Zip Code		
<u> </u>								FL			
	named entity tions of regist		ment for the purpose of cl	hanging its registe	red office or registe	red agent, or bo	th, in the State of Flo	rida. 1 am fam	iliar with,	and accept	
SIGNATURE											
		EE IS \$750.00 08, Fee will be \$	000 000							ì	
<u></u>							<u></u>				
10.	PD	OFFICER	S AND DIRECTORS	Delete III		ADDITIONS,	CHANGES TO OFFI				
NAME	PD Delete BASS, GLORIA				ME	er e	n:n4 4 4 5	_	Change	Addition	
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12. I hereby	certify that th	e information suppl	ied with this filing does no	ot qualify for the e	xemptions contained	d in Chapter 119	9, Florida Statutes. I	further certify:	that the in	formation	
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: XIMA TODAL											
SIGNA	OKE: 2	SIGNATURE AND TV	PED OF PRINTED NAME OF SIGN	HINC DEFICED OF DIRE	CTOR		Deta			i	