

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000036766

FILED
Jan 31, 2005
Secretary of State

Entity Name: IVON'S CLEANING SERVICES, INC.

Current Principal Place of Business:

2750 WILD PINES LN. 212
NAPLES, FL 34112

New Principal Place of Business:

2625 WILD PINES LANE
725
NAPLES, FL 34112 US

Current Mailing Address:

2750 WILD PINES LN. 212
NAPLES, FL 34112

New Mailing Address:

2625 WILD PINES LANE
725
NAPLES, FL 34112 US

FEI Number: 27-0009116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCINIEGAS, BENJAMIN
2750 WILD PINES LN. 212
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

DA SILVA, ALEX S
2625 WILD PINES LANE
725
NAPLES, FL 34112 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: ALEX S DA SILVA

01/31/2005

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:

Title: DP () Delete
Name: ARCINIEGAS, BENJAMIN
Address: 2750 WILD PINES LN. 212
City-St-Zip: NAPLES, FL 34112

Title: VD (X) Delete
Name: LINERO, IVON
Address: 2750 WILD PINES LN. 212
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DA SILVA, ALEX S
Address: 2625 WILD PINES LN # 725
City-St-Zip: NAPLES, FL 34112 US

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: ALEX S DA SILVA

P

01/31/2005

Electronic Signature of Signing Officer or Director

Date