2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000053423

Entity Name: MICKIE'S MAGIC CLEANING, INC.

FILED Jan 21, 2009 Secretary of State

1231 LANCELOT WAY
CASSELBERRY, FL 32707

2455 MALLOW OAK CT.
APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

1231 LANCELOT WAY
CASSELBERRY, FL 32707

2455 MALLOW OAK CT.
APOPKA, FL 32712

FEI Number: 04-3664797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MOYA, MARITZA
1231 LANCELOT WAY
CASSELBERRY, FL 32707 US

MOYA, MARITZA
2455 MALLOW OAK CT.
APOPKA, FL 32712 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: MARITZA MOYA 01/21/2009

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: P () Delete Title: P (X) Change () Addition Name: MOYA, MARITZA Name: MOYA, MARITZA

Address: 1231 LANCELOT WAY Address: 2455 MALLOW OAK CT. City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: APOPKA, FL 32712

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: MOYA, MAX Name: MOYA, MAX

 Address:
 1231 LANCELOT WAY
 Address:
 2455 MALLOW OAK CT.

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:
 APOPKA, FL 32712

Title: T () Delete Title: () Change () Addition

 Name:
 MOYA, MICHAÉL M
 Name:

 Address:
 1231 LANCELOT WAY
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:MILLER, SABRINAName:MILLER, SABRINAAddress:605 CASA PARK CT. EAddress:2455 MALLOW OAK CT.City-St-Zip:WINTER SPRINGS, FL 32708City-St-Zip:APOPKA, FL 32712

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: MARITZA MOYA P 01/21/2009