

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

04 DEC -7 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**



11232004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P02000124378</b> 1. Entity Name <b>L.C.A. CLEANING, INC.</b>			
Principal Place of Business <b>5440 N. STATE ROAD SEVEN SUITE 5 FORT LAUDERDALE, FL 33319</b>		Mailing Address <b>5440 N. STATE ROAD SEVEN SUITE 5 FORT LAUDERDALE, FL 33319</b>	
2. Principal Place of Business <b>7904 NW 73RD AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>7904 NW 73RD AVE</b> Suite, Apt. #, etc.	
City & State <b>TAMARAC FL</b> Zip <b>33321-7049</b> Country <b>USA</b>		City & State <b>TAMARAC FL</b> Zip <b>33321-7049</b> Country <b>USA</b>	
4. FEI Number <b>56-2308912</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BOSCH, JAIRO M 5440 N. STATE ROAD SEVEN SUITE 5 FORT LAUDERDALE, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>CARRILLO, LUIS E</b> Street Address (P.O. Box Number is Not Acceptable) <b>7904 NW 73RD AVE</b> City <b>TAMARAC FL</b> Zip Code <b>33321</b>	
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  DATE <b>12/01/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CARRILLO, LUIS E 7904 N.W. 73RD AVENUE TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800043225198</b> <b>12/07/04--01008--014 **758.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, LUIS E 7904 N.W. 73RD AVENUE TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: **LUIS E. CARRILLO (PRESIDENT)** DATE **12/01/04** DAYTIME PHONE # **(954) 478-9077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR