


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000048442		
1. Entity Name CLEAN IMAGE OF TALLAHASSEE INC.		

FILED

05 MAR -9 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-16-04 01002 009 \$150.00



Principal Place of Business 2018 HARRIET DR. TALLAHASSEE, FL 32303	Mailing Address 2018 HARRIET DR. TALLAHASSEE, FL 32303
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092005 REIN-P CR2E098 (6/04)

REINSTATEMENT
161702508

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OGDEN, JENNIFER 2018 HARRIET DR. TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Jennifer Ogden</i> <small>Signature, typed or printed name of registered agent and title is applicable.</small>	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGDEN, JENNIFER 2018 HARRIET DR. TALLAHASSEE, FL 32303 <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
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03/22/05--01024--018 **150.00

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: <i>Jennifer Ogden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Daytime Phone #

To: Reinstatement Section

From: Jennifer Ogden

Dear: Sir or Ma'am,

I did not recieve the letter
dated March 15th 2004.

Thanks

Jennifer Ogden
Owner of Clean Image
of Tallahassee