

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000054314

FILED  
Oct 06, 2005  
Secretary of State

Entity Name: COMMERCIAL MAINTENANCE CARE CORP.

## Current Principal Place of Business:

6289 W SUNRISE BL #254  
SUNRISE, FL 33313

## New Principal Place of Business:

1550 NW 110 AVE  
#357  
PLANTATION, FL 33322 US

## Current Mailing Address:

6289 W SUNRISE BL #254  
SUNRISE, FL 33313

## New Mailing Address:

PO BOX 451437  
SUNRISE, FL 33345 US

FEI Number: 04-3756410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMER, HENRIETTA T  
6289 W SUNRISE BL #254  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

PALMER, HENRIETTA T  
1550 NW 110 AVE  
#357  
PLANTATION, FL 33345 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: HENRIETTA T. PALMER

10/06/2005

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: D ( ) Delete  
Name: PALMER, HENRIETTA T  
Address: 6289 W SUNRISE BL #254  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PALMER, HENRIETTA T  
Address: 1550 NW 110 AVE #357  
City-St-Zip: PLANTATION, FL 33345 US

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: HENRIETTA T. PALMER

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date