

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000063815

**FILED**  
**Oct 09, 2008**  
**Secretary of State**

**Entity Name:** JOAO FILHO AND SILVIANE GARCIA CLEANING SERVICES, INC

**Current Principal Place of Business:**

6601 SUSSMAN PLACE  
APT # 305  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6601 SUSSMAN PLACE  
APT. # 305  
TAMPA, FL 33615

**New Mailing Address:**

6601 SUSSMAN PLACE  
APT # 305  
TAMPA, FL 33615

**FEI Number:** 04-3761097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FILHO, JOAO  
6601 SUSSMAN PLACE  
APT# 305  
TAMPA, FL 33615 US

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

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:** JOAO FILHO

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: P ( ) Delete  
Name: FILHO, JOAO  
Address: 6431 ROYAL HUNT DR. APT.# 201  
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete  
Name: GARCIA, SILVIANE  
Address: 6431 ROYAL HUNT DR. APT.# 201  
City-St-Zip: TAMPA, FL 33625

Title: MNG ( ) Delete  
Name: ARAUJO, CYBELLE O  
Address: 6601 SUSSMAN PLACE # 305  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FILHO, JOAO  
Address: 6601 SUSSMAN PLACE # 305  
City-St-Zip: TAMPA, FL 33615

Title: VP (X) Change ( ) Addition  
Name: GARCIA, SILVIANE  
Address: 6601 SUSSMAN PLACE # 305  
City-St-Zip: TAMPA, FL 33615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** JOAO FILHO

Electronic Signature of Signing Officer or Director

P

10/09/2008

Date