2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000077807

FILED Oct 01, 2007 Secretary of State

| Entity Nam | ne: SUPER SH | IINE CLEANING & SERVICES | s, CORP. | | | | |
|---|---|--|---|--|--------------------------|---------------|--|
| Current Pr | incipal Place o | of Business: | New Princ | New Principal Place of Business: | | | |
| 85 MULBEF ROYAL PAI | RRY DR LM BEACH, FL | 33411 | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | | |
| 85 MULBEF ROYAL PAI | RRY DR LM BEACH, FL | 33411 | | | | | |
| FEI Number: | 20-0091216 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status De | esired () | |
| Name and | Address of Cu | rrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| The above | RRY DR LM BEACH, FL named entity su | 33411 US Should be shown that the public statement for the public stat | ırpose of changing i | ts registered o | ffice or registered ago | ent, or both, | |
| in the State | | N DDOTA | | | | | |
| In accordanc | e with s. 607.193(| Signature of Registered Ager | | е. | Date | | |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | DPVT () E PROTA, LARISSA 85 MULBERRY D ROYAL PALM BE | R | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | S () E PROTA, LARISSA 85 MULBERRY D ROYAL PALM BE | R | Title: Name: Address: City-St-Zip: | ROSA, LAURA (85 MULBERRY | | | |

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: LARISSA R. FROTA P 10/01/2007