

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000082056						FILED 07 OCT 17 AM 10:40 TALLAHASSEE, FLORIDA	
1. Entity Name ATT COMMERCIAL CLEANING, INC.							
Principal Place of Business 11411 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 US			Mailing Address 11411 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			4. FEI Number 20-0299476	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRETT, TORRANCE 11411 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225					7. Name and Address of New Registered Agent		
					Name		
					Street Address (P.O. Box Number is Not Acceptable)		
					City		
					FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRES	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORRANCE, BRETT			NAME	700110837147		
STREET ADDRESS	11411 KINGSLEY MANOR WAY			STREET ADDRESS	10/17/07--91034--009 **150.00		
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP			
TITLE	VPRE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, ERIC R			NAME			
STREET ADDRESS	3390 SHAUNA OAKS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				10/15/2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			