
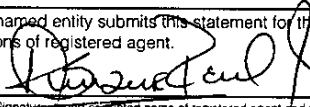
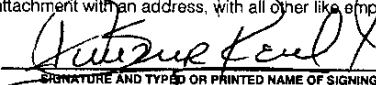


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000088435</b> 1. Entity Name <b>ROYAL CLEANING AND MAINTENANCE, CORP.</b>			
Principal Place of Business <b>8010 W SAMPLE RD CORAL SPRINGS, FL 33065</b>		Mailing Address <b>8010 W SAMPLE RD CORAL SPRINGS, FL 33065</b>	
2. Principal Place of Business <b>394 SW 12TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>394 SW 12TH AVE</b> Suite, Apt. #, etc.	
City & State <b>DEERFIELD BEACH</b> Zip <b>33442</b> Country		City & State <b>DEERFIELD BEACH</b> Zip <b>33442</b> Country	
4. FEI Number <b>20-0150957</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SALAZAR, DAVID J 3450 BANKS RD APT 203 MARGATE, FL 33063</b>		7. Name and Address of New Registered Agent Name <b>DAVID J. SALAZAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7805 ROCKPORT CIRCLE</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>	
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  <b>DAVID J. SALAZAR</b> <b>04/18/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		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	P SALAZAR, DAVID J 3450 BANKS RD APT 203 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE	P SALAZAR DAVID J 7805 ROCKPORT CIRCLE LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V REYES, NISNE M 3450 BANKS RD APT 203 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE	V REYES, NISNE M 7805 ROCKPORT CIRCLE LAKE WORTH, FL 33467 <input checked="" 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	
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 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:  <b>DAVID J. SALAZAR</b>		Date <b>04/18/05</b> (954) 429-9231	