## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000107363

FILED Sep 21, 2005 Secretary of State

| Entity Nan  | ne: DELUXE   | CLEANING SOLUTIONS, IN   | C.            |  |   |                               |         |
|---|--------------|--|---------------|--|---|-------------------------------|---------|
| Current Principal Place of Business:  |              |  |               | New Principal Place of Business:                                 |   |                               |         |
|   | RAVERDE CI   | RCLE   |               |  |   |                               |         |
| UNIT 4<br>FORT MYE  | RS, FL 33908 | 3 US   |               |  |   |                               |         |
| Current Mailing Address:  |              |  |               | New Mailing Address:   |   |                               |         |
|   | RAVERDE CI   | RCLE   |               |  |   |                               |         |
| UNIT 4<br>FORT MYE  | RS, FL 33908 | 3 US   |               |  |   |                               |         |
| FEI Number:   | 20-0263293   | FEI Number Applied For ( )   | FEI Nur       | nber Not Appl  | icable ( )  | Certificate of Status Desired | ( )     |
| Name and Address of Current Registered Agent:                                     |              |  |               | Name and Address of New Registered Agent:                        |   |                               |         |
| SARMIENTO, ANDRES<br>17179 TERRAVERDE CIRCLE<br>UNIT 4<br>FORT MYERS, FL 33908 US |              |  |               | SARMIENTO, ANDRES<br>902 SE 26TH TERR<br>CAPE CORAL, FL 33904 US |   |                               |         |
| The above in the State  |              | submits this statement for the                                       | purpose o     | f changing i   | ts registered o   | ffice or registered agent, or | - both, |
| SIGNATURE: ANDRES SARMIENTO   |              |  |               | 09/21/2005   |   |                               |         |
|   | Electron     | ic Signature of Registered A   | gent          |  |   | Date                          |         |
|   |              | 3(2)(b), F.S., the corporation did<br>g Trust Fund Contribution ( ). | not receive t | he prior notic   | e.  |                               |         |
| OFFICERS AND DIRECTORS:   |              |  |               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                     |   |                               |         |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                       | SAMIENTO, AN | ERDE CIRCLE, UNIT 4  |               | Title:<br>Name:<br>Address:<br>City-St-Zip:                      | P (X)<br>SAMIENTO, ANI<br>902 SE 26TH TI<br>CAPE CORAL, I | ERRACE                        |         |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                       | ()           | Delete   |               | Title:<br>Name:<br>Address:<br>City-St-Zip:                      | V ()<br>SARMIENTO, A<br>902 SE 26TH TI<br>CAPE CORAL,     | ERRACE                        |         |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                       | ()           | Delete   |               | Title:<br>Name:<br>Address:<br>City-St-Zip:                      | S ()<br>GLORIA, RAMIF<br>1520 SE6TH AV<br>CAPE CORAL,     | <b>/</b> E                    |         |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                       | ()           | Delete   |               | Title:<br>Name:<br>Address:<br>City-St-Zip:                      | T ()<br>RODRIGO, RAN<br>1520 SE6TH AV<br>CAPE CORAL,      | /E                            |         |

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: ANDRES SARMIENTO Ρ 09/21/2005