2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000107367

TRAVIS, ALTON JR

2607 2ND ST EAST

LEHIGH ACRES, FL 33972

Name:

Address:

City-St-Zip:

Entity Name: GATOR CLEANING SERVICES OF S.W. FL. INC

FILED Jan 30, 2006 Secretary of State

Littly Name: GATOR CLEANING SERVICES OF 3.44. FE, INC.									
Current Principal Place of Business:					New Principal Place of Business:				
2607 2ND STREET E LEHIGH ACRES, FL 33972					3529 WINIFRED ROW LANE #3002 NAPLES, FL 34116				
Current Mailing Address:					New Mailing Address:				
2607 2ND S LEHIGH AC			3529 WINIFRED ROW LANE #3002 LEHIGH ACRES, FL 34116						
FEI Number:	04-3777826	FEI	Number Applied For()	FEI Nun	nber Not Appli	cable ()	Certifica	te of Status Des	ired()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
WATSON, 5317 27TH LEHIGH AC	ST SW	33971	US	WATSON, HAROLD 3529 WINIFRED ROW LANE 3002 NAPLES, FL 34116 US					
The above in the State		ty submit	ts this statement for the	purpose o	f changing it	s registered	d office or re	egistered ager	ıt, or both,
SIGNATURE: HAROLD WATSON					01/30/2006				
	Electi	ronic Sig	nature of Registered Ag	jent				Date	
			F.S., the corporation did n	ot receive t	he prior notice).			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P WATSON, H 3529 WINFF NAPLES, FL	RED ROW	LANE # 3002		Title: Name: Address: City-St-Zip:		() Change (() Addition	
Title: Name: Address: City-St-Zip:	WATSON, H	RED ROW	LANE # 3002		Title: Name: Address: City-St-Zip:		() Change(() Addition	
Title: Name: Address: City-St-Zip:	T TRAVIS, JAN 2607 2ND S LEHIGH ACF	T EAST			Title: Name: Address: City-St-Zip:	CURRIE, ME	RED ROW LA	. ,	
Title:	V	() Delete			Title:	V	(X) Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

CURRIE, MELISSA L

NAPLES, FL 34116

3529 WINIFRED ROW LANE #3002

SIGNATURE: HAROLD WATSON P 01/30/2006