## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUI 1, Entity Nam SANDRA				SECRETARY OF STATE DIVISION OF DEC 27 PM 1:58							
Principal Plac 606 BALDWII KISSIMMEE, I	N DR	S	Mailing Address 606 BALDWIN DR KISSIMMEE, FL 34758				1 ( <b>8 8</b> /1 <b>18</b> ) /// 1	<b>Birb</b> 1891 <b>Br</b> iik <b>by</b> iik <b>49</b>	154 18 <b>50</b> 1 115 <b>5</b> 4 181		( <b>31</b> 4 1k 1 <b>85</b> 1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			2092005	REIN-P	CR2E	098 (6/04)	
City & State			City & State	City & State			FEI Number 20–03		·	<del></del>	plied For t Applicable
Zip		Country	Zip	Coun	try .	5.	-	f Status Desired		\$8.75 Addi Fee Required	
Name and Address of Current Registered Agent					Name	7.	Name and A	Address of New F	Registered A	gent	
COLON, SANDRA 606 BALDWIN DR KISSIMMEE, FL 34758					Street Address (P.O. Box Number is Not Acceptable)						
					Cíty				FL	Zip Code	)
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 the obligations of registered agent.										Lamiliar with, a	and accept
SIGNATURE Signature, typed or printed nome of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FII	LE NOW!!	FEE IS \$900.00	·								
10.	DPT	11.	_	A	DDITIONS/C	HANGES TO OFF	ICERS AND				
TITLE NAME	COLON,	TITLE			Of	າດດຣວ	2015	☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	606 BALE KISSIMM		ET ADDRESS -ST-ZIP		12/27	)0062: /050100	3015	**300	.00		
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CITY-ST-ZIP					-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST - ZIP						
TITLE			☐ Delete	TITL	E					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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:  SANDRA COLON PRESIDENT  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								/15/05		1)624-	5004
		SIGNATURE AND TYPED OF	H PHINTED NAME OF SIGNING OFFICER	OR DIREC	IUR			Date	D	aytime Phone #	

## JULIO & PAULINA HERNANDEZ TAX & NOTARY SERVICES 105 Bridle Court Kissimmee, Florida 34743 Ph. & Fax No. (407) 348-6834

December 20, 2005

Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 6327
Tallahassee, Florida 32314

**ATTN: DARLENE** 

RE: SANDRA CLEANING SERVICES, INC. DOC. #P03000111616

On behalf of Sandra Cleaning Service, Inc., I am enclosing completed forms for the reinstatement of the corporation of reference for years 2004 & 2005 together with a check from Sandra Cleaning Service, Inc. #1958 in the amount of \$300.00.

Sandra Colon, who is the President assures me that she never received renewal reports for 2004 and 2005. Actually, Sandra Cleaning Service, Inc., is a corporation that employs 15 people and day by day is in the hopes of growing to at least employ 15 more, reason for which and is very urgent for them to stand active to do business in Florida. If additional information is needed, please do not hesitate to contact the undersigned immediately.

Please accept our apologies for the late filing, happy Christmas and thank you in advance for your kindly attention and cooperation in this matter.

Respectfully yours,

TULIO HERNANDEZ

Accountant