



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000118932</b> 1. Entity Name <b>FREEDOM CLEANING, INC.</b>						FILED 06 MAR -8 AM 9:03 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>921 16TH AVE NW CLEARWATER, FL 33756</b>				Mailing Address <b>PO BOX 20236 ST. PETERSBURG, FL 33742</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1034</b>					
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor, FL</b>		4. FEI Number <b>86-1048414</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>34682</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		<b>02282006 REIN-P-01 CR2E098 (11/05)-06</b>	
6. Name and Address of Current Registered Agent <b>HETZEL, TARA L 9100 9TH ST N 403 ST. PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>634 Green Valley Rd #65</b> City <b>Palm Harbor FL</b> Zip Code <b>34683</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GILBERT, JOHN JR 921 16TH AVE NW CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800067944758 03/16/06--01006--002 **300.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:** John A. Gilbert JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-28-06  
 Daytime Phone # 727 251 5854