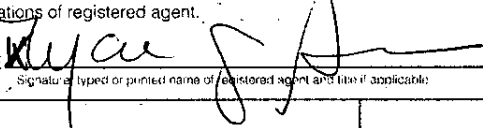
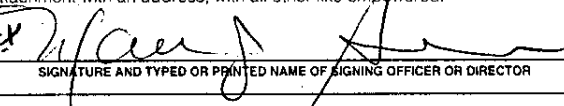


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000145647 1. Entity Name ALEMAN'S CLEANING SERVICE CORP.						FILED 04 OCT 18 PM 1:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6260 WILES RD APT 10-305 CORAL SPRINGS, FL 33067				Mailing Address 6260 WILES RD APT 10-305 CORAL SPRINGS, FL 33067			
2. Principal Place of Business 3440 BANKS RD Suite, Apt. #, etc. 104		3. Mailing Address PO Box 970000 Suite, Apt. #, etc.					
City & State MARGATE FL		City & State COCONUT CREEK		4. FEI Number 20-0459203		Applied For ☐ Not Applicable	
Zip 33063		Country US		Zip 33097		Country US	
6. Name and Address of Current Registered Agent ALEMAN, MARIA 8582 BRODY WAY BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name ALEMAN, MARIA Street Address (P.O. Box Number is Not Acceptable) 3440 BANKS RD. APT. 104 City MARGATE FL Zip Code 33063			
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  DATE 10/12/04 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				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 PD ☐ Delete NAME ALEMAN, MARIA STREET ADDRESS 8582 BRODY WAY CITY-ST-ZIP BOCA RATON, FL 33433				TITLE PD ☒ Change ☐ Addition NAME ALEMAN, MARIA STREET ADDRESS 3440 BANKS RD APT. 104 CITY-ST-ZIP MARGATE FL 33063			
TITLE VD ☐ Delete NAME WILLIAMS, ANGELA V STREET ADDRESS 6260 WILES RD APT 10-305 CITY-ST-ZIP CORAL SPRINGS, FL 33067				TITLE VD ☒ Change ☐ Addition NAME WILLIAMS, ANGELA V. STREET ADDRESS 3440 BANKS RD. APT. 104 CITY-ST-ZIP MARGATE FL 33063			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 10/12/04 Daytime Phone # 561-929-2411			