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

10122004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
6260 WILES RD APT 10-305 CORAL SPRINGS, FL 33067	6260 WILES RD APT 10-305 CORAL SPRINGS, FL 33067

2. Principal Place of Business	3. Mailing Address
3440 BANKS Rd	PO Box 970666
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.:
City & State: Margate FL	City & State: Coconut Creek
Zip: 33063 Country: US	Zip: 33097 Country: US

4. FEI Number: 20-045-9203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEMAN, MARIA 8582 BRODY WAY BOCA RATON, FL 33433	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: [signature] 10/12/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEMAN, MARIA 8582 BRODY WAY BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEMAN, MARIA 3440 BANKS Rd APT. 104 MARGATE FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, ANGELA V 6260 WILES RD APT 10-305 CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, ANGELA V. 3440 BANKS Rd. APT. 104 MARGATE FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900041944879 10/18/04--01075--008 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 10/12/04 561-929-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #