2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000149878

Entity Name: SHEILA WRIGHT'S CLEANING SERVICE INC.

FILED Oct 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10234 TIMMONS ROAD 7 4 0 2 W

THONOTOSSASSA, FL 33592 US W. MISS MAGGIE DR.

HOMOSASSA, FL 34448 US

Current Mailing Address: New Mailing Address:

P O BOX 1164 7 4 0 2

THONOTOSSASSA, FL 33592 US W. MISS MAGGIE DR.

HOMOSASSA, FL 34448 US

FEI Number: 20-0424742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFIN, SANDRA 1006 CORNWALL CT. BRANDON, FL 33510 US

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.

SIGNATURE: SANDRA GRIFFIN

Electronic Signature of Registered Agent Date

Title:

Name:

Address:

City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WRIGHT, SHEILA

7402 W. MISS MAGGIE DR.

HOMOSASSA, FL 34448 US

(X) Change () Addition

Title: D, P () Delete

Name: WRIGHT, SHEILA Address: 10234 TIMMONS RD.

City-St-Zip: THONOTOSSASSA, FL 33592 US

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: WRIGHT, ROBERT Name: WRIGHT, ROBERT

Address: 10234 TIMMONS RD Address: 7 4 0 2 W. MISS MAGGIE DR. City-St-Zip: THONOTOSSASSA, FL 33592 City-St-Zip: HOMOSASSA, FL 34448 US

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

SIGNATURE: SHEILA WRIGHT OWNE 10/05/2007