

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000007813

1. Entity Name  
NU HOME KLEEN INC.



06 JUN 19 PM 3:16

Principal Place of Business  
11405 INEZ ROAD  
ATTN: MAE SIMMONS  
JACKSONVILLE, FL 32218

Mailing Address  
11405 INEZ ROAD  
ATTN: MAE SIMMONS  
JACKSONVILLE, FL 32218

2. Principal Place of Business  
11405 INEZ DR  
Suite, Apt. #, etc.

3. Mailing Address  
11405 INEZ DR  
Suite, Apt. #, etc.

City & State  
Jacksonville FL  
Zip  
32218  
Country  
USA

City & State  
Jacksonville FL  
Zip  
32218  
Country  
USA



REINSTATEMENT

CR2E098 (11/05)

05-06

4. FEI Number  
20-0524303

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SIMMONS, MAE  
11405 INEZ ROAD  
JACKSONVILLE, FL 32218

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, the registered agent.

SIGNATURE

*Mae Simmons*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/17/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
SIMMONS, MAE  
11405 INEZ ROAD  
JACKSONVILLE, FL 32218

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
SIMMONS, MAE  
11405 INEZ ROAD  
JACKSONVILLE, FL 32218

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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STREET ADDRESS  
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CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800076536628  
06/23/06--01058--018 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800076536628  
06/23/06--01058--019 \*\*150.00

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CITY - ST - ZIP  
☐ Change ☐ Addition

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 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:

*Mae Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/06

(904) 757-9755

B. Mitchell

JUN 20 2006