2006 FOR PROFIT CORPORATION REINSTATEMENT

							·· : · · · · · · · · · · · · · · · ·			
DOCUMENT # P04000007813						Par l	r comit			
1. Entity Name NU HOME KLEEN INC.							06 JUN 19 TH 3: 16			
NO FIGHE RELEIN INC.							00 301119 1.: 3: 16			
					900 NT TH	<u> </u>			J. 1	
Principal Place		3	Mailing Address				• 4 •		JA	
11405 INEZ ROAD 11405 INEZ ROAD ATTN: MAE SIMMONS ATTN: MAE SIMMONS										
ATTN: MAE SIMMONS JACKSONVILLE, FL 32218 ATTN: MAE SIMMONS JACKSONVILLE, FL 32218										
2. Principal Pl	lace of Busin		3. Mailing Address 1140S INEZ DK			i 1031,1411			I (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Suite, Apt.			Suite, Apt. #, etc.			P Edding"	I ENERA	CR2E098 (11/0	5) DS-06	
City & State	عرا ان	A	JACKSONVILLE FL			4. FEI Numb	574303	~ •	Applied For F	
32218		Country	Zip _	218 US		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Research Fee Required		Additional	
220-10	_	and Address of Current		и.	<u> </u>	7. Name and	Address of New Reg	<u> </u>	≽ <u>.</u>	
Name										
SIMMONS, MAE 11405 INEZ ROAD Street Address (F							er is Not Acceptable)			
JACKSON'		. 32218								
					City			FL Zip C	ode	
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 flagstered agent										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent alguature required when reinstating)										
FIL	LE NOW!!	FEE IS \$300.00					In accordance wit corporation did no			
		·						·		
10.	PST	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTO		
TITLE NAME	SIMMON	S. MAE	☐ Delete	NAME STREET ADDRESS		<u>.</u>	90007¢		em#	
STREET ADDRESS	11405 IN	EZ ROAD				087	06/23/0601058018 **150.00			
CITY-ST-ZIP		NVILLE, FL 32218		_	Y-ST-ZIP					
TITLE NAME	VD SIMMON:	S MAF	☐ Delete	Delete TITLE		<u>a</u>		Chang	je □ Addition	
STREET ADDRESS	11405 IN				LEET ADDRESS	رِّ.gs	06.723/0601058019 **150.00			
CITY-ST-ZIP	JACKSOI	NVILLE, FL 32218		CITY	Y-ST-ZIP					
TITLE			☐ Delete	101	- 1			☐ Chang	je 🗌 Addition	
NAME STREET ADDRESS				NAM STR	REET ADDRESS					
CITY+ST-ZIP					Y-ST-ZIP	•				
TITLE		·	☐ Delete	THE				☐ Chang	ge 🔲 Addition	
NAME CYDEET ADDRESS				NAM	ME REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					Y-SI-ZIP					
TITLE			☐ Delete	TITL	LE			Chang	ge 📑 Addition	
NAME	ļ			NAM						
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP					
TITLE	 		☐ Delete	TITI	-	· · · · · · · · · · · · · · · · · · ·		☐ Chang	ge 🔲 Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP	STRE CITY.									
12. I hereby o	Certify that th	ne information supplied with	this filing does not qualify fo	r the ex	cemptions con	tained in Chapter 11	9, Florida Statutes. I fu	rther certify that th	e information	
12. I hereby certify that the information supplied with this filling 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: // (al) mmons 06/17/06 (904) 257-9255										
SIGITAL	~:\L	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICER	OR DIREC	CTOR		Date	Daytime Phone		