


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000009697		
1. Entity Name NELSONIC CLEANING SERVICE, INC.		

**FILED**

07 NOV 26 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1239 OAKSEDGE RD TALLAHASSEE, FL 32317	Mailing Address 1239 OAKSEDGE RD TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # 2036-A Watson Way Suite, Apt. #, etc. Tall. FL 32308 City & State 32308 U.S.A. Zip Country	3. Mailing Address 2036-A Watson Way Suite, Apt. #, etc. Tall. FL USA City & State 32308 USA Zip Country
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1125007 REIN-R CR2E098(1/07)	07
4. FEI Number 03-0544929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

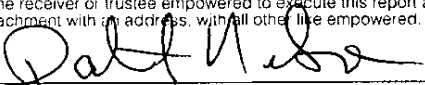
6. Name and Address of Current Registered Agent NELSON, PATRICK 1239 OAKSEDGE RD TALLAHASSEE, FL 32317	7. Name and Address of New Registered Agent Name Patrick Nelson Street Address (P.O. Box Number is Not Acceptable) 2036-A Watson Way Tall. FL 32308 City Zip Code
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NELSON, PATRICK 1239 OAKSEDGE RD TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112804485 12/04/07--01006--023 **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V NELSON, BRIA 2036 A WATSON WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AV JOHNSON, ANDREW 2036-A WATSON WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 11/26/07 Daytime Phone #

B. Mitchell NOV 26 2007