2008 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MENT # P0400000 ic cleaning service,		•		4	_EU PH 1:15			
•					0800121	i i i i i i i i i i i i i i i i i i i	i.		
Principal Place of Business 2036-A WATSON WAY TALLAHASSEE, FL 32308		Mailing Address 2036-A WATSON WAY TALLAHASSEE, FL 32308		SEUKE TAI ALLAHAS	RY OF STAT SEE. FLORI	ĎA .			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10272008	REIN-P	CR2E098	3 (1/07)		
City & State		City & State			4. FEI Numbe				plied For
Zip	Country	Zip	Coun	itry		of Status Desired		.75 Add Required	litional
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered Age	nt	
NELSON, 2036-A W	PATRICK ATSON WAY			Name Street Address	s (P.O. Box Numbe	er is Not Acceptable	e)		
TALLAHAS	SSEE, FL 32308								
				City			FL	Zip Code	9
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registere	ed office or regist	tered agent, or bo	th, in the State of Flo	orida. I am fam	iliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registers	ed Agent signature req	uired when reinstating)		0/25/ DATE	101	<u></u>
	E NOW!!! FEE IS \$150.00 nuary 1, 2009, Fee will be \$300	0.00				In accordance v	with s. 607.19 not receive th	3(2)(b), l	F.S., the
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS	P NELSON, PATRICK 1239 OAKSEDGE RD	☐ Defete	TITLE Nam Stre	l l	10	00137A	_	Change	Addition
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY	-ST-ZIP	11/04	001376 1/0801031			.00
NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, BRIA 2036 A WATSON WAY	☐ Delete		l l] Change	Addition
TITLE NAME STREET ADDRESS	AV JOHNSON, ANDREW 2036-A WATSON WAY	☐ Delete	TITLE	E			315) Change	Addition
CITY-ST-ZIP TITLE NAME	TALLAHASSEE, FL 32308	☐ Delete	CITY TITLE NAM	ST-ZIP REII	NSTATE	MENT '] Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS '-ST-ZIP					
NAME STREET ADDRESS		☐ Delete		NE EET ADDRESS				} Change	Addition
TITLE NAME		☐ Delete	TITLI	E				Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP			-		
12. I hereby indicated of the collaboration changed	certify that the information supplied v l on this report or supplemental report poration or the receiver of Trystee ep , or on an attachment with an address	with this filing does not qualify it is true and accurate and the inpowered to execute this repose, with all other like employers	for the exe at my signa ort as requi ed.	emptions contain ture shall have th ired by Chapter 6	ed in Chapter 119 le same legal effec 07, Florida Statute	Florida Statutes. I ct as if made under es; and that my nam	further certify oath; that I am e appears in B	hat the in an officer lock 10 or	iformation or director Block 11 if
SIGNAT	TURE:	DR PRINTED NAME OF SIGNING OFFIC	ER OR DIREC	TOR		/0/2 (8/08 Daytin	ne Phone #	