


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000009725		
1. Entity Name KATHY ORTIZ CLEANING, INC.		

Principal Place of Business 6202 PEACOCK RIDGE RD. JACKSONVILLE, FL 32222	Mailing Address 6202 PEACOCK RIDGE RD. JACKSONVILLE, FL 32222
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ORTIZ, KATHY 6202 PEACOCK RIDGE RD. JACKSONVILLE, FL 32222	
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7. Name and Address of New Registered Agent Name: Court Access Centers of America, Inc. Street Address (P.O. Box Number is Not Acceptable): 3249 W Cypress St Suite C City: Tampa State: FL Zip Code: 33607	
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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: <i>Kathy Ortiz</i> DATE: 7-31-06
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, KATHY 6202 PEACOCK RIDGE RD. JACKSONVILLE, FL 32222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200079049392 08/23/06--01028--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200079049392 08/23/06--01028--006 **150.00
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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: <i>Kathy Ortiz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-31-06 Date

FILED
06 AUG 21 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



072420060000 REIN-PA 072420060000 CR2E098 (11/05)	Applied For
20-0713414	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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FILE NOW!!! FEE IS \$300.00

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

(904) 449-1970
Daytime Phone #