


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 19 PM 4:29

DOCUMENT # P04000012488

1. Entity Name
LINDA'S OLD FASHIONED CLEANING SERVICE, INC.



Principal Place of Business Mailing Address

1773 FOUR MILE COVE PKWY
SUITE #1110
CAPE CORAL, FL 33990

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SUITE #1110
CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1345 Bradford Rd. 1345 Bradford Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ft Myers, FL Ft Myers, FL

Zip Country Zip Country

33901 FL 33901 FL

6. Name and Address of Current Registered Agent

BROOKS FINANCIAL SERVICES, PA
923 SW 33RD STREET
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name David P. Carr CPA, PA.
Street Address (P.O. Box Number is Not Acceptable) 12005 Metro Parkway Suite 101
City, State, Zip Code Ft Myers, FL 33906

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 David P. Carr, CPA, PA. DATE 4/10/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, ERMALINDA 1773 FOUR MILE COVE PKWY., SUITE #1110 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pereira Ermelinda 1345 Bradford Rd. Ft Myers, FL 33901
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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: [Signature] DATE 04/10/08 (239) 837-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #