

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000017189

1. Entity Name
CLEAN & SHINE ENTERPRISES, INC



FILED

05 NOV 23 PM 9:27

SECRETARY OF STATE



REINSTATEMENT

CR2E098 (6/04)

05

Principal Place of Business
4944 S E 137TH PL
SUMMERFIELD, FL 34491 US

Mailing Address
4944 S E 137TH PL
SUMMERFIELD, FL 34491 US

2. Principal Place of Business
4944 S E 137TH PL
Suite, Apt. #, etc.

3. Mailing Address
4944 S E 137TH PL
Suite, Apt. #, etc.

City & State
Summerfield, FL

City & State
Summerfield, FL

Zip
34491

Country
Marion

Zip
34491

Country
Marion

4. FEI Number
20-0632057

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, GLORIA D
4944 S E 137TH PL
SUMMERFIELD, FL 34911

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: *Shirley Darlene Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/10/05

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MILLER, GLORIA D
STREET ADDRESS	4944 S E 137TH PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VPST <input type="checkbox"/> Delete
NAME	FREEMAN, MARY C
STREET ADDRESS	16880 S E 95TH ST RD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900061663439
STREET ADDRESS	11/23/05--01021--005 **750.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shirley Darlene Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/10/05
Daytime Phone: 352-427-2681