





2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000033105 1. Entity Name GREGG LYNN CASON CLEANING, INC.					
Principal Place of Business 7006 ATLANTIC BLVD JACKSONVILLE, FL 32211-8706			Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE, FL 32211-8706		
2. Principal Place of Business 459 Tabor Drive S. Suite, Apt. #, etc.		3. Mailing Address 459 Tabor Drive South Suite, Apt. #, etc.		<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 1.2em;">06 FEB 20 11 11</div> 	
City & State Jacksonville, FL.		City & State Jacksonville, FL.		4. FEI Number 16-1691760	
Zip 32216		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASON, GREGG LYNN 7006 ATLANTIC BLVD JACKSONVILLE, FL 32211-8706				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  2-23-6 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PST CASON, GREGG LYNN 7006 ATLANTIC BLVD JACKSONVILLE, FL 322118706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIFT, MELISSA J 7006 ATLANTIC BLVD JACKSONVILLE, FL 322118706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete			
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:  2-23-6 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			