

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000051855

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** ALCIDE CARPET CLEANING & PROPERTY MAINTENANCE, INC.

**Current Principal Place of Business:**

400 NE 137TH STREET  
SUTIE 417  
NO. MIAMI, FL 33161

**New Principal Place of Business:**

221 NW 149TH STREET  
NO. MIAMI, FL 33161

**Current Mailing Address:**

400 NE 137TH STREET  
SUTIE 417  
NO. MIAMI, FL 33161

**New Mailing Address:**

221 NW 149TH STREET  
NO. MIAMI, FL 33161

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALCIDE, MARIE M  
400 NE 137TH STREET  
SUTIE 417  
NO. MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

ALCIDE, MARIE M  
221 NW 149TH STREET  
NO. MIAMI, FL 33161 US

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.

SIGNATURE: MARIE M ALCIDE

10/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALCIDE, MARIE M  
Address: 400 NE 137TH STREET SUITE 417  
City-St-Zip: NO. MIAMI, FL 33161

Title: D ( ) Delete  
Name: LOUIS, EMMANUEL  
Address: 400 NE 137TH STREET SUITE 417  
City-St-Zip: NO. MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ALCIDE, MARIE M  
Address: 221 NW 149TH STREET  
City-St-Zip: NO. MIAMI, FL 33161

Title: D (X) Change ( ) Addition  
Name: LOUIS, EMMANUEL  
Address: 221 NW 149TH STREET  
City-St-Zip: NO. MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMANUEL LOIUS

D

10/11/2005

Electronic Signature of Signing Officer or Director

Date