

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000133932	
1. Entity Name ULTRA WASH WINDOW CLEANING SERVICES, INC.	



FILED

07 JUN 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4870 S. SEMORAN BLVD., #1905 ORLANDO, FL 32822	Mailing Address 4870 S. SEMORAN BLVD., #1905 ORLANDO, FL 32822
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2. Principal Place of Business - No P.O. Box # 1115 ROMANO AVE Suite, Apt. #, etc.	3. Mailing Address ROMANO AVE Suite, Apt. #, etc.
City & State ORLANDO	City & State ORLANDO
Zip FL 32807	Zip FL 32807



06052007 REIN-P CR2E098 (1107)

4. FEI Number 58-2430977	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CENTENO, JAVIER L 4870 S. SEMORAN BLVD., #1905 ORLANDO, FL 32822	
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7. Name and Address of New Registered Agent Name centeno javier L Street Address (P.O. Box Number is Not Acceptable) 1115 ROMANO AVE City ORLANDO FL Zip Code 32807	
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$900.00	REINSTATEMENT 06-07
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CENTENO, JAVIER L 4870 S. SEMORAN BLVD., #1905 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	centeno - javier L ☒ Change ☐ Addition 1115 ROMANO AVE ORLANDO FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BERRIOS, MARICELA 4870 S. SEMORAN BLVD., #1905 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BERRIOS MARICELA ☒ Change ☐ Addition 1115 ROMANO AVE FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CENTENO, JAVIER L 4870 S. SEMORAN BLVD., #1905 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tcenteno, javier L ☒ Change ☐ Addition 1115 ROMANO AVE ORLANDO FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300104435309 06/15/07--01059--018 **909.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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