


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000136005		
1. Entity Name ADVANCE COMMERCIAL CLEANING, INC.		

Principal Place of Business 7361 NW 173RD TERRACE, F-104 MIAMI, FL 33015	Mailing Address 7361 NW 173RD TERRACE, F-104 MIAMI, FL 33015
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
05 OCT 12 PM 12:03

SECRET
TALLAHASSEE, FLORIDA



10072005 REIN-P. 2005 098 (6/04)

6. Name and Address of Current Registered Agent	
LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH, FL 33016	

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 10-07-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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	PD	TITLE	
NAME	GONZALEZ, CLAUDIA	NAME	
STREET ADDRESS	7361 NW 173RD TERRACE, F-104	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	MORENO, NANCY	NAME	
STREET ADDRESS	180 ROYAL PALM RD., APT. 208	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: 10-07-05