
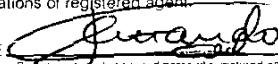
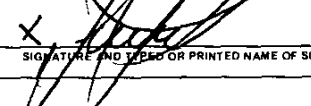


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000136595 1. Entity Name PINK PANTHER CLEANING SERVICES, INC.					
Principal Place of Business 4805 WHISTLERS GREEN CIR #2 NAPLES, FL 34116			Mailing Address 4805 WHISTLERS GREEN CIR #2 NAPLES, FL 34116		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1693211	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIBERA, FERNANDO 4805 WHISTLERS GREEN CIR, #2 NAPLES, FL 34116				7. Name and Address of New Registered Agent Name SPL Income tax Corp Street Address (P.O. Box Number is Not Acceptable) 6006 Radio Rd City Naples FL Zip Code 34109	
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 				DATE 10/30/07	
(NOTE: Registered Agent signature required when reinstating)				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PAZ, MARIA ESTELA 4805 WHISTLERS GREEN CIR #2 NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800113041468 12/11/07--01098--010 **158.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RIBERA, FERANDO J 4805 WHISTLERS GREEN CIR #2 NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				DATE 10/30/07 DAYTIME PHONE # 239-601-4189	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

FILED

07 DEC 11 PM 2:29

CLERK OF STATE
TALLAHASSEE, FLORIDA



10302007 REIN-P CR2E000 (10/07)