


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000137817 | |  |
| 1. Entity Name UNLIMITED CLEANING BY POPCORN CEILINGS, INC. | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 10:45

REINSTATEMENT *05*



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| Principal Place of Business 5975 SW 43RD STREET DAVIE, FL 33314-3639 | Mailing Address 5975 SW 43RD STREET DAVIE, FL 33314-3639 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10112005 REIN-P CR2E098 (6/04)

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| 4. FEI Number 20-1727737 | 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 WILLIAMSON, KEN 5975 SW 43RD STREET DAVIE, FL 33314-3639 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 11/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMSON, KEN 6740 SW 148TH AVENUE DAVIE, FL 333303513 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11/21/05--01042--012 **150.00

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| 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ Daytime Phone # _____ |