2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000143341

Current Principal Place of Rusiness:

Entity Name: M & M CLEANING CONCEPT INC

FILED Oct 24, 2005 Secretary of State

Now Principal Place of Rusiness:

Outlett interpart face of Business.		New I Interpart face of Business.	
1136*9 SHOVLER CT JACKSONVILLE, FL 32225	US	11369 SHOVLER CT JACKSONVILLE, FL 32225	US

Current Mailing Address: New Mailing Address:

11369 SHOVLER CT JACKSONVILLE, FL 32225 US

FEI Number: 20-1757395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCGEE, STEVIE W

11369 SHOVLER CT

JACKSONVILLE, FL 32225

US

XPRESS EFILE INC

1511 PENMAN RD

STE B

JACKSONVILLE BEACH, FL 32250 US

JACKSONVILLE BEACH, FL 32200 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: JUANITA C KNOX 10/24/2005

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 MCGEE, STEVIE W
 Name:

 Address:
 100 ACACIA DR
 Address:

 City-St-Zip:
 KINGSLAND, GA 31548 US
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 MCCALL, LONNELL M
 Name:

 Address:
 11369 SHOVLER CT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225 US
 City-St-Zip:

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: STEVIE W MCGEE P 10/24/2005