

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000161718

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: HEAVENSCENT CLEANING & MAINTENANCE CORP.

## Current Principal Place of Business:

12350 SW 132 CT#110  
MIAMI, FL 33186

## New Principal Place of Business:

10195 SW 186TH ST  
CUTLER BAY, FL 33190

## Current Mailing Address:

12350 SW 132 CT #110  
MIAMI, FL 33186

## New Mailing Address:

10195 SW 186TH ST  
CUTLER BAY, FL 33190

FEI Number: 20-2089448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACHIN, DORIS  
22618 SW 94 PATH  
MIAMI, FL 33190 US

## Name and Address of New Registered Agent:

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: DORIS MACHIN

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:

Title: DP ( ) Delete  
Name: MACHIN, DORIS  
Address: 22618 SW 94 PATH  
City-St-Zip: MIAMI, FL 33190

Title: DVP ( ) Delete  
Name: CARRASQUILLO, MADELINE  
Address: 9411 SW 227 LN  
City-St-Zip: MIAMI, FL 33190

Title: DS ( ) Delete  
Name: MARIN, IDANIA  
Address: 12254 SW 148 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: DT ( ) Delete  
Name: BRITO, TANIA  
Address: 2237 PORTOFINO AVE  
City-St-Zip: MIAMI, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DORIS MACHIN

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date