

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000166719

1. Entity Name  
ALGAMAR PRESSURE CLEANING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 JAN 27 AM 9:22

Principal Place of Business

541 EAST ROCKS DRIVE  
SANIBEL, FL 33957

Mailing Address

541 EAST ROCKS DRIVE  
SANIBEL, FL 33957

2. Principal Place of Business

FLORIDA

3. Mailing Address 3622 Agualinda  
boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006

REIN-P

CR2E098 (11/05)



City & State

CAPE CORAL FL

City & State

Cape Coral FL

4. FEI Number

20-1991723

Applied For

Not Applicable

Zip

33914

Country

LEE

Zip

33914

Country

LEE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALGARRA, GERMAN D  
541 EAST ROCKS DRIVE  
SANIBEL, FL 33957

7. Name and Address of New Registered Agent

Name ALGARRA GERMAN D.

Street Address (P.O. Box Number is Not Acceptable)  
3622 Agualinda boulevard

City Cape Coral

FL

Zip Code

33914

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME ALGARRA, GERMAN D  
STREET ADDRESS 541 EAST ROCKS DRIVE  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE VP ☒ Delete  
NAME MARTINEZ, JULIO  
STREET ADDRESS 541 EAST ROCKS DR.  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ALGARRA GERMAN D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3622 AGUALINDA BOULEVARD  
CITY-ST-ZIP CAPE CORAL FL. 33914

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400066251784  
CITY-ST-ZIP 02/21/06--01012--015 \*\*308.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS REINSTATEMENT 05-06  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2006 (239) 229-4534

M. Williams JAN 27 2006