

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                     |                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000023256</b><br>1. Entity Name<br><b>SCOTT CUSTOM CLEANER INC</b> |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

FILED  
 09 MAY -1 PM 1:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br>755 N INDIAN ROCK RD<br>BELLEAIR BLUFFS, FL 33770 | Mailing Address<br>755 N INDIAN ROCK RD<br>BELLEAIR BLUFFS, FL 33770 |
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|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc<br>City & State<br>Zip<br>Country | 3. Mailing Address<br><b>2331 BELLEAIR RD</b><br><b>STE B</b><br><b>CLEARWATER, FL</b><br><b>33764</b><br><b>U.S.</b> |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|



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| 6. Name and Address of Current Registered Agent<br><b>BASSOUS, MICHAEL</b><br><b>755 NORTH INDIAN ROCKS RD</b><br><b>BELLEAIR BLUFFS, FL 33770</b> |  |
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| 4. FEI Number<br><b>20-3482724</b>                                                                                                                                                                                   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                      |                               |
| 7. Name and Address of New Registered Agent<br>Name <b>MICHAEL DOOLEY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2331 BELLEAIR RD, STE B</b><br>City <b>CLEARWATER</b> FL Zip Code <b>33764</b> |                               |

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: *Michael Dooley* DATE: 4/21/09

(NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P KARABET, LAUCINE <input checked="" type="checkbox"/> Delete<br>755 NORTH INDIAN ROCKS RD<br>BELLEAIR BLUFFS, FL 33770 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                      |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>J. LANGLEY</b><br><b>2331 BELLEAIR RD, STE B</b><br><b>CLEARWATER, FL 33764</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *J. Langley* DATE: 4-21-09 727 535-5675

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #