

## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000023256			
1. Entity Name SCOTT CUSTOM CLEANER INC		FILED 09 MAY -1 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 755 N INDIAN ROCK RD BELLEAIR BLUFFS, FL 33770		Mailing Address 755 N INDIAN ROCK RD BELLEAIR BLUFFS, FL 33770	
2. Principal Place of Business - No P.O. Box #  Suite, Apt., etc.  City & State  Zip  Country		3. Mailing Address 2331 BELLEAIR RD STE B CLEARWATER, FL 33764 U.S.	
		REINSTATEMENT 08-09 00000000 FEE P... REE09B (1/07)	
		4. FEI Number 20-3482724 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASSOUS, MICHAEL 755 NORTH INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770		7. Name and Address of New Registered Agent Name MICHAEL DOOLEY Street Address (P.O. Box Number is Not Acceptable) 2331 BELLEAIR RD, STE B City CLEARWATER FL Zip Code 33764	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARABET, LAUCINE Delete 755 NORTH INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P J. LANGLEY Change Addition 2331 BELLEAIR RD, STR B CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
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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]		4-21-09 727 535-5675	