## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000025129

GERMAINE, MONIQUIE

N LAUDERDALE, FL 33063

6272 BOULEVARD OF CHAMPIONS

Name:

Address:

City-St-Zip:

FILED Oct 18, 2006 Secretary of State

Entity Nan	ne: PPM/PRIDI	E PROPERTY MAINTI	ENANCE INC.				
Current Principal Place of Business:				New Principal Place of Business:			
3930 NW 3 LAUDERD	4TH WAY ALE LAKES, FL	. 33309					
Current Mailing Address:				New Maili	ng Addres	s:	
3930 NW 3 LAUDERD	4TH WAY ALE LAKES, FL	. 33309					
FEI Number: FEI Nur		FEI Number Applied For	Applied For (X) FEI Number Not Applicable ( )		Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
The above in the State	4TH WAY ALE LAKES, FL named entity su	ıbmits this statement fo	or the purpose o	f changing i	ts registere	d office or registered agent, or	both,
OIOIVATOR		Signature of Register	red Agent			Date	
Election Can		2)(b), F.S., the corporatio Trust Fund Contribution ( ORS:				ES TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	D () E JONES, KERRY A 3930 NW 34TH V LAUDERDALE LA	VAY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E JONES, MARY LE 3930 NW 34TH V LAUDERDALE LA	VAY		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition RY LENA 34 TH WAY LE LAKES, FL 33309	
Title:	D ()[	)elete		Title <sup>.</sup>	D	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

MCLEMORE, KAMELLA

POMPANO BEACH, FL 33060

500 N.W 7 TH AVE

SIGNATURE: KERRY A JONES PPM 10/18/2006