## 2007 FOR PROFIT CORPORATION REINSTATEMENT

2. Principal Place of Business - No P.O. Box # 3. Mailing Addriess  Suite. Apt. #, etc.	DOCUMENT # P05000042266  1. Entity Name GENERAL CLEANING SERVICE, INCORPORATED				FILED 2007 JUN 26 AM 9: 00	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4102007 REIN-P   CR2E098 (1/07)   City & State   A, FEI Number   D3 Q D3 C D D5 L   Not Applied F	3031 AVENUE I		3031 AVENUE I	3404	SECRETARY OF STATE  03/2006 90018 021 58.75	
City & State  Country  Country  Country  S. Certificate of Status Desired  S. RA Additional Fee Required Fee R	2. Principal Place of	Business - No P.O. Box #	3. Mailing Address			
Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Set Agabated   Set Set Agabated   Set Set Set Set Agabated   Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent  STUART B. KLEIN, P.A. 2801 PGA BOULEVARD SUITE 110 PALM BEACH GARDENS, FL 33410  City  City  File Registered Agent in the State of Florida. I am lamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and ac the obligations of registered agent agent and steer it appears agent.  SIGNATURE  Signature, hyped or primad name of inspitited agent and steer it appears and address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and ac the obligations of registered agent.  SIGNATURE  Signature, hyped or primad name of inspitited agent and steer it appears are agreed when reneatating)  CAIF  FILE NOWIII FEE IS \$600.000  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE SIREH ADDRESS  OITY-S1-2P  INTE  OEdete  INTE  NAME SIREH ADDRESS  OITY-S1-2P  OITH SI-2P	City & State		City & State			
STUART B.KLEIN, P.A. 2801 PGA BOULEVARD SUITE 110 PALM BEACH GARDENS, FL 33410  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE    City   FL   Zip Code	Zip	Country	Zip	Country		
Street Address (P.O. Box Number is Not Acceptable)	6. 1	Name and Address of Curren	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
PALM BEACH GARDENS, FL 33410  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE  Signature, Typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent Registered Agent required when reinstating)  DATE  In accordance with a 609-193(Clyn), F. 3.78  Comperation did not receive the prior notice.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  P CHANGE  GISSENTER, ORIE  STREET ADDRESS  CITY-S1-ZIP  INTE  Delete  INTE  NAME  STREET ADDRESS  CITY-S1-ZIP  INTE  NAME  STREET ADDRESS  CITY-S1-ZIP  INTE  Delete  INTE  STREET ADDRESS  CITY-S1-ZIP  INTE  Delete  INTE  STREET ADDRESS  CITY-S1-ZIP  INTE  Delete  STREET ADDRESS  CITY-S1-ZIP  INTE  Delete  STREET ADDRESS  CITY-S1-ZIP  INTE  STREET ADDRESS  CITY-S1-ZIP  INTE  Delete  STREET ADDRESS  CITY-S1-ZIP  Change  AC  Chang	2801 PGA BOULEVARD			Street Address	(P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent algorithm required when reinstating)  DAIF  In accordance with 6-067-193(2)(0), F.S., Till corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITHE  NAME  3031 AVENUE I  UILLE  NAME  SIREET ADDRESS  CITY-S1-2P  ITHE  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  ITHE  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  ITHE  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  SIREET ADDRESS				City	EI Zip Code	
SIGNATURE			for the purpose of changing its	s registered office or regist		
FILE NOWIII FEE IS \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME STREEI ADDRESS CITY-S1-ZP CITY-S	SIGNATURE					
FILE NOWIII FEE IS \$880.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITTLE PARAME GISSENTER, ORIE 3031 AVENUE I STREET ADDRESS CITY-ST-ZIP CITY-S	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE:					
TITLE	In accordance with e. 607:193(2)(b), P.3., line					
NAME   STREET ADDRESS   CITY-S1-2IP   Change   AC   CITY-S1-2IP   CHANGE   STREET ADDRESS   CITY-S1-2IP   CHANGE   CITY-S1-2IP   CHANGE   CITY-S1-2IP   CHANGE   CITY-S1-2IP   CITY-S1		OFFICERS AN				
NAME STREET ADDRESS CITY-ST-ZIP  IFILE NAME STREET ADDRESS CITY-ST-ZIP  IFILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS	NAME GISS STREET ADDRESS 3031	AVENUE I	L_J Delete	NAME Street address	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Defete	namë Street address		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY ST-ZIP CHANGE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME Street Address	☐ Change ☐ Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	Change Addition	
	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition ☐	
FITLE         Delete         TITLE         Change         A C           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP			☐ Delete	NAME	☐ Change ☐ 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 direction 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 changed, or on an attachment with an address, with all other, like empowered.	NAME STREET ADDRESS	<u> </u>		CITY-ST-ZIP		
SIGNATURE: Orie Gissenter 4/10/2007 (561) 842-	NAME STREET ADDRESS CITY-S1-ZIP  12. I hereby certify it indicated on this of the corporatio	report or supplemental report in or the receiver or trustee em	is true and accurate and that powered to execute this report	or the exemptions contained my signature shall have the tas required by Chapter 60	e same legal effect as if made under oath, that I am an officer or director.	

612an

## GENERAL CLEANING SERVICE

3031 AVENUE I, RIVIERA BEACH, FLORIDA 33404 PHONE (407) 842-8077

Florida De partment of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

June 20, 2007

Re: Ref. Number: P05000042266

Subject: GENERAL CLEANING SERVICE, INCORPORATED

FEI Number: 59 2300054

TO WHOM IT MAY CONCERN:

Please note I did not receive any rejection letter in March and I humbly request that the penalty fee be waived. I also request that the appropriate correction be made. The FEI number is 592303054. I am returning the check for \$150.00 together with the form.

Thank you for your kind assistance.

Very truly yours,

Orie Gissenter

GENERAL CLEANING SERVICE, INCORPORATED