

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000068169

1. Entity Name  
A TOUCH OF CLASS MAINTENANCE GROUP, INC.



FILED

2008 AUG 22 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8770 SW 72ND STREET  
MIAMI, FL 33173 US

Mailing Address  
8770 SW 72ND STREET  
MIAMI, FL 33173 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number  
20-2563973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MIRIAM  
8770 SW 72ND STREET  
MIAMI, FL 33173

Name

Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, MIRIAM	
STREET ADDRESS	8770 SW 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, JORGE	
STREET ADDRESS	8770 SW 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	MARTIN, KRISTINE	
STREET ADDRESS	8770 SW 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MARTIN, KRYSTLE	
STREET ADDRESS	8770 SW 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800135279598	
STREET ADDRESS	09/03/08--01007--007 **300.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-18-08

Date

Daytime Phone #

Q. Michael

AUG 22 2008