2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000070444

1. Entity Name
MAX RESTAURANT CLEANING, INC

FILED
08 MAY 29 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~12395 SILENT BROOK TRAIL~~	~~12395 SILENT BROOK TRAIL~~
~~JACKSONVILLE, FL 32225~~	~~JACKSONVILLE, FL 32225~~
7242 Micheal Terrace Jacksonville FL 32222	7242 Micheal Terrace Jacksonville FL 32222

2. Principal Place of Business (NOT a P.O. Box) | Mailing Address

REINSTATEMENT 07-08

Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2514674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, GERALD P
435 CLARK RD
SUITE 107
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name: Gerald P. JONES
Street Address (P.O. Box Number is Not Acceptable): 2039 Soutel Drive
City: Jacksonville FL Zip Code: 32208

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: _____ (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	PTD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JOSEPH, MAXO		NAME	
STREET ADDRESS	12395 SILENT BROOK TRAIL		STREET ADDRESS	7242 Micheal Terrace
CITY ST ZIP	JACKSONVILLE, FL 32225		CITY ST ZIP	Jacksonville FL 32222
TITLE	VSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JOSEPH, MARIE		NAME	
STREET ADDRESS	12395 SILENT BROOK TRAIL		STREET ADDRESS	7242 Micheal Terrace
CITY ST ZIP	JACKSONVILLE, FL 32225		CITY ST ZIP	Jacksonville FL 32222
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, PIERRE		NAME	
STREET ADDRESS	12395 SILENT BROOK TRAIL		STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32225		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	500128345995
STREET ADDRESS			STREET ADDRESS	05/02/08--01050--009 **300.00
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	$35/30		STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			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: Maxo Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #