2007 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P05000091810

1. Entity Name
DEO CLEAN INC

FILED

07 OCT 26 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2515 TOMOKA AVENUE TITUSVILLE, FL 32780 US	2515 TOMOKA AVENUE TITUSVILLE, FL 32780 US

REINSTATEMENT 2007
10072007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 20-3066290	Applied For Not Applicable
Zip	Country	Zip	Country	**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
BROWN, NOEL 1872 TAMIAMI TRAIL SOUTH SUITE G VENICE, FL 34293	Name David Owen Street Address (P.O. Box Number is Not Acceptable) 2515 Tomoka Ave. City Titusville FL Zip Code 32780

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 _____ David Owen   President   10/23/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D,P NAME OWEN, DAVID STREET ADDRESS 2515 TOMOKA AVENUE CITY-ST-ZIP TITUSVILLE, FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 10011399971 10/26/07--01058--005 **758.75	☐ Change ☐ Addition
TITLE D,VP NAME OWEN, TANGELA STREET ADDRESS 2515 TOMOKA AVENUE CITY-ST-ZIP TITUSVILLE, FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not quality 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: _____ David Owen   President   10/23/07   321-360-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #