

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000092956

1. Entity Name  
A. DREAMS CLEANING CORP



FILED

08 JAN 04 PM 4: 52

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1404 NE. 19TH AVE  
CAPE CORAL, FL 33909

Mailing Address  
1404 NE. 19TH AVE  
CAPE CORAL, FL 33909

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

12122007 REIN-P CR2E098 (1/07)

4. FEI Number  
20-3079011

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

MARTINEZ, LAGNE  
1404 NE 19TH AVE  
CAPE CORAL, FL 33909

Name - DIAZ, LAGNE

Street Address (P.O. Box Number is Not Acceptable)

1404 NE 19TH Ave.

City CAPE CORAL

FL

Zip Code 33909

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/12/07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P MARTINEZ, LAGNE ☐ Delete  
STREET ADDRESS 1505 SW 13TH TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P DIAZ, LAGNE ☒ Change ☐ Addition  
STREET ADDRESS 1404 NE 19TH Ave.  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600115399906  
CITY-ST-ZIP 01/17/08--01034--019 \*\*\$150.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAGNE DIAZ

Date

Daytime Phone #

12/12/07 (239) 333-9908