

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000100318

FILED
May 18, 2007
Secretary of State

Entity Name: HAMLIN CLEANING SERVICE, INC.

Current Principal Place of Business:

587 91ST AVENUE NORTH STE B
NAPLES, FL 34108

New Principal Place of Business:

9784 GLEN HERON DR
BONITA SPRINGS, FL 34135

Current Mailing Address:

587 91ST AVENUE NORTH STE B
NAPLES, FL 34108

New Mailing Address:

9784 GLEN HERON DR
BONITA SPRINGS, FL 34135

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SPIEGEL & UTRETA, P.A.

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: JIMENEZ, SILVIA
Address: 587 91ST AVENUE NORTH STE B
City-St-Zip: NAPLES, FL 34108

Title: DVS () Delete
Name: JIMENEZ, MARIA
Address: 587 91ST AVENUE NORTH STE B
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: JIMENEZ, SILVIA
Address: 9784 GLEN HERON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVS (X) Change () Addition
Name: JIMENEZ, MARIA
Address: 9784 GLEN HERON DR
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA E JIMENEZ

DPT

05/18/2007

Electronic Signature of Signing Officer or Director

Date