

2006 FOR PROFIT CORPORATION REINSTATEMENT

112


FILED

2006 NOV -6 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000118329

1. Entity Name
D-LUX CLEANING SERVICES, CORP.



Principal Place of Business
8297 WINGED FOOT DRIVE
FT. MYERS, FL 33912 LE

Mailing Address
8297 WINGED FOOT DRIVE
FT. MYERS, FL 33912 LE

2. Principal Place of Business
8297 Winged Foot Dr.
Suite, Apt. #, etc.
J. Myers, FL
City & State
J. Myers, FL
Zip
33912

3. Mailing Address
Same as above
Suite, Apt. #, etc.
City & State
Zip
Country



10122006 REIN-P CR2E098 (11/05)

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SACCOMANI, DIANNA S
8297 WINGED FOOT DRIVE
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent
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: *Dianna Saccomani*
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, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SACCOMANI, DIANNA 8297 WINGED FOOT DRIVE FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRATZ, KAREN 8456 PITTSBURGH BLVD. FT. MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dianna Saccomani* 10/20/06 239-8781455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
239-224-850

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Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I would like to send my apologizes because I was not completely explained on how I would be expected to renew my license on a yearly bases. I was not aware of the process or procedure. Again., please accept my apology this will not happen again. If there is any brochures or packages on how to do things that are required would you please be kind enough to pass them along to me.

I thank you deeply and am very sorry . Enclosed you will find Check No. 166 for \$150.00 plus an additional 8.75 for Certificate of Status.

Regards,

Dianna Steffen Saccomani
D-Lux Cleaning Services
8297 Winged Foot Drive
Ft. Myers. FL 33967
Phone 239-878-1455
Fax 239-337-4913
Email - diannasaccomani@yahoo.ocm

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