


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR 12 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000157275 1. Entity Name NEIGHBORHOOD MAINTENANCE SERVICES CORP.	
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Principal Place of Business 30123 S W 159 CT. HOMESTEAD, FL 33033	Mailing Address 30123 S W 159 CT. HOMESTEAD, FL 33033
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address PO Box 924350 Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
Zip 33092	Country United States



03272007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent CASTINEIRA TRUJILLO, ANA B 30123 S W 159 CT. HOMESTEAD, FL 33033	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTINEIRA TRUJILLO, ANA B 30123 S W 159 CT. HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ana B 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/16/07

2/2

Neighborhood Maintenance Ser. Inc.
P.O. BOX 924350
Miami, FL 33092
Phone: (305) 235-2092

Dear Sir/Madame,

Please waive the reinstatement fee because we never received the annual report notice.
Due to the fact the new address is a P.O. box.

Best regards,



Ana B. Castinera Trujillo