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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000158972		
1. Entity Name ULTIMATE CARPET & UPHOLSTERY CLEANING INC		

FILED
07 APR 12 AM 10:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8390 SANDS POINT BLVD 308F TAMARAC, FL 33321	Mailing Address 8390 SANDS POINT BLVD 308F TAMARAC, FL 33321
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2. Principal Place of Business - No P.O. Box # 6105 N.W. 71st AV Suite, Apt. #, etc.	3. Mailing Address 6105 N.W. 71st AV Suite, Apt. #, etc.
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City & State TAMARAC FLORIDA	City & State TAMARAC FLORIDA	4. FEI Number 20-3886002	Applied For Not Applicable
Zip 33321	Country	Zip 33321	Country

6. Name and Address of Current Registered Agent DOR, AHARON 8390 SANDS POINT BLVD 308F TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: DOR, AHARON Street Address (P.O. Box Number is Not Acceptable) 6105 N.W. 71st AV City: TAMARAC, FL FL Zip Code: 33321	
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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:  (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 DOR, AHARON 8390 SANDS POINT BLVD APT 308 F TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100097295821 04/18/07-01009-009 ***300.00
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

24/16

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March 25, 2007

Division of corporations
P.O BOX 6327
Tallahassee fl 32314

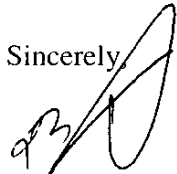
To Whom It May Concern:

This letter is to advise you that my company address is 6105 NW 71st Avenue, Tamarac, FL 33321. Any previous attempts to get notices concerning my business may have failed due to my change of address.

I respectfully request that you waive the penalty fees for my renewal. I will endeavor in the future to maintain updated address information so that I receive all notices in a timely fashion.

Thanking you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aharon Dor', written over a horizontal line.

Aharon Dor
Ultimate Carpet & Upholstery Cleaning