

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000006464

Entity Name: ALL PRO BRICK CLEANERS, INC.

FILED
May 14, 2009
Secretary of State

Current Principal Place of Business:

2054 LAMBERT STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2054 LAMBERT STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 11-3768105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, BILLY D SR
2054 LAMBERT STREET
JACKSONVILLE, FL 32206 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: BILLY D. OWENS

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: MR. () Delete
Name: OWENS, BILLY D SR
Address: 2054 LAMBERT STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: MS. () Delete
Name: SMITH, GERALDINE L MANAGER
Address: 2054 LAMBERT STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS. (X) Change () Addition
Name: SMITH, GERALDINE L MANAGER
Address: 4635 MEMORIAL BLUE STAR HIGHWAY
City-St-Zip: CHATTAHOOCHEE, FL 32324

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: BILLY D. OWENS

Electronic Signature of Signing Officer or Director

OWNE

05/14/2009

Date