


2009 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|--|--|---|
| DOCUMENT # P06000015099 | |  |
| 1. Entity Name PINTO'S CLEANING SERVICES, INC | | |

FILED
09 APR 10 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 7620 TARA CIR. #201 NAPLES, FL 34104 US | Mailing Address 7620 TARA CIR. #201 NAPLES, FL 34104 US |
|--|--|



| | |
|---|------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 140 TRINIDAD ST | 3. Mailing Address PO BOX 10366 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

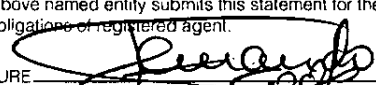
04072009 REIN-P CR2E098 (1/07)

| | | | |
|---------------------------|---------------------------|-----------------------------|-------------------------------|
| City & State NAPLES FL | City & State NAPLES FL | 4. FEI Number 20-4229798 | Applied For Not Applicable |
| Zip 34113 | Country US | Zip 34101 | Country US |

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

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent CAPETILLO, PAOLA L 7620 TARA CIR. #201 NAPLES, FL 34104 | | 7. Name and Address of New Registered Agent Name SPL INCOME TAX CORP Street Address (P.O. Box Number is Not Acceptable) 6006 Radio Rd City NAPLES FL Zip Code 34104 | |
|--|--|--|--|

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.

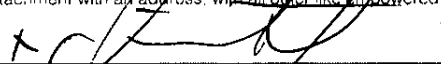
SIGNATURE:  DATE: 4/7/09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|------------------------------------|--|
| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PINTO, PAOLA L 7620 TARA CIR. #201 NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 10366 NAPLES FL 34101 |
| 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 100149459911 04/10/09--01031--019 **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 |
| 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:  DATE: 4/7/09 239-601-8194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #