

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000033620

1. Entity Name  
FLORIDA SOUTHERN CLEANING INC.



FILED

2007 NOV 14 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172007 REIN-P CR2E098 (1/07)

Principal Place of Business Mailing Address  
1618 NORTH POWERS DRIVE 1618 NORTH POWERS DRIVE  
ORLANDO, FL 32818 US ORLANDO, FL 32818 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
1618 North Powers Drive 1618 North Powers Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Orlando, FL Orlando, FL  
Zip Zip  
32818 U.S.A 32818 U.S.A

4. FEI Number Applied For  
36-4603933 Not Applicable

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

6. Name and Address of Current Registered Agent  
COLAIRE, DELLUS  
1618 NORTH POWERS DRIVE  
ORLANDO, FL 32818

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 *Dellus D. Colaire* 11/7/2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$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	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLAIRE, DELLUS	NAME	500112261775		
STREET ADDRESS	1618 NORTH POWERS DRIVE	STREET ADDRESS	11/14/07--01008--004 **158.75		
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP			
TITLE	VP/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLAIRE, DELLUS	NAME			
STREET ADDRESS	1618 NORTH POWERS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLAIRE, DELLUS	NAME			
STREET ADDRESS	1618 NORTH POWERS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

REINSTATEMENT

2007

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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: *Dellus D. Colaire* 11/7/2007 (321) 331-8251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #