


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000043974		
1. Entity Name OLEAN ENTERPRISES, INC.		

FILED

2008 MAY 16 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 50 OCEAN CREST DRIVE ORMOND BEACH, FL 32176	Mailing Address 50 OCEAN CREST DRIVE ORMOND BEACH, FL 32176
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2. Principal Place of Business - No P.O. Box # 1618 Riverside DR	3. Mailing Address 1618 Riverside DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Holly Hill, Florida	City & State Holly Hill, Florida
Zip 32117	Zip 32117
Country USA	Country USA



6. Name and Address of Current Registered Agent  LUSIGNAN, NICHOLE O <del>50 OCEAN CREST DRIVE</del> <del>ORMOND BEACH, FL 32176</del>		7. Name and Address of New Registered Agent Name Nichole O. Lusignan Street Address (P.O. Box Number is Not Acceptable) 1618 Riverside DR. City Holly Hill FL Zip Code 32117	
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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 Nichole Lusignan DATE 5/11/08

(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUSIGNAN, NICHOLE O <del>50 OCEAN CREST DRIVE</del> <del>ORMOND BEACH, FL 32176</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nichole O. Lusignan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1618 Riverside Drive Holly Hill, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONALD W. LORT 1618 Riverside DR Holly Hill, FL 32117
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 600129677526 05/16/08--01024--003 **308.75
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: Nichole Lusignan DATE 5/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 16 2008