## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000044112

FILED Oct 12, 2007 Secretary of State

Entity Nar	me: ALBRITE	CLEANING SERVICE, INC			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	TH C STREET RTH, FL 3346				
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
P.O BOX 2 WEST PAI	222742 LM BEACH, FL	. 33422			
FEI Number:	: 06-1773669	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addre	ess of New Registered Agent:	
LEWIS, TIMOTHY V 1521 14TH AVE SOUTH LAKE WORTH, FL 33460 US			332 W BOYNTON	LEWIS ACCOUNTING SERVICES, INC 332 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 US	
	named entity see of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: TIMOTHY LEWIS				10/12/2007	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	t receive the prior notice.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRE () ROBERSON, H 1221 SOUTH C LAKE WORTH,	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () ROBERSON, BO 1221 SOUTH C LAKE WORTH,	STREET	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	SEC () LEWIS, TIMOTH P.O BOX 22274 WPB, FL, FL 3	-2	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EVP () LEWIS, KHAME 1221 SOUTH C LAKE WORT, F	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DIR ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HATTIE ROBERSON PRE 10/12/2007

ROBERSON, HATTIE M

LAKE WORTH, FL 33460 FL

1221 SO C STREET

Name:

Address:

City-St-Zip: