

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000057228

1. Entity Name
A.J.R. CLEANNET, CORP.



FILED

08 JUN 12 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
139 S.W. 159TH WAY
WESTON, FL 33326 US

Mailing Address
139 S.W. 159TH WAY
WESTON, FL 33326 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 07-08

4. FEI Number

20-4751823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANDRIANA P
139 S.W. 159TH WAY
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name CLAUDIA RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

139 SW 159th Way
City Weston FL Zip Code 33326

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 *Claudia P. Rodriguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08-29-2008

DATE

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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CLAUDIA P	
STREET ADDRESS	139 S.W. 159TH WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE I	
STREET ADDRESS	139 S.W. 159TH WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDRIANA P	
STREET ADDRESS	139 S.W. 159TH WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100131245981
06/12/08--01042--007 **300.00

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: *Claudia P. Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-29-2008

Date

Daytime Phone #

761-113