


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000074467			
1. Entity Name CLEANING BY JULIA INC			
Principal Place of Business 2513 SHERBROOK LANE KISSIMMEE, FL 34743		Mailing Address 2513 SHERBROOK LANE KISSIMMEE, FL 34743	
2. Principal Place of Business - No P.O. Box # 1552 DORADO DRIVE		3. Mailing Address 1552 DORADO DRIVE	
Suite, Apt. #, etc. # B		Suite, Apt. #, etc. # B	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34741	Country USA	Zip 34741	Country USA

FILED
2007 DEC 13 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11192007	REIN-P	CR2E098 (1/07)	107
4. FEI Number 43-2106351		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NASH, EDWARD T JR 1400 W OAK STREET SUITE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name <u>CARMELA L. WARNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>795 WALNUT AVENUE</u> City <u>ORANGE CITY</u> FL Zip Code <u>32763</u>	
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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 CARMELA L. WARNER  11/19/07
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 NAME STREET ADDRESS CITY - ST - ZIP	P NAZARIO, JULIA 2513 SHERBROOK LANE KISSIMMEE, FL 34743 <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
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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: Julia Nazario 11-30-07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR B. Mitchell DEC 13 2007