


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 25 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000090511	
1. Entity Name JOHN REVELS CLEAN UP SERVICES, INC.	

Principal Place of Business 1731 SW 107TH LANE OCALA, FL 34476	Mailing Address 1731 SW 107TH LANE OCALA, FL 34476
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2. Principal Place of Business - No P.O. Box # 1731 SW 107th Lane	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State
Zip 34476	Country US



6. Name and Address of Current Registered Agent APPOFF, CONSTANCE 1731 SW 107TH LANE OCALA, FL 34476

7. Name and Address of New Registered Agent Name CONSTANCE L. APPOFF Street Address (P.O. Box Number is Not Acceptable) 1731 SW 107th Lane City OCALA FL Zip Code 34476
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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 <i>Constance L. Apploff</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 10/23/07

FILE NOW!!! FEES \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APPOFF, CONSTANCE 1731 SW 107TH LANE OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111358673 10/25/07--01041--002 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELS, JOHN 3140 SE 1 AVE. OCALA, FL 34471 <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	D GILBERT, BRETT 1731 SW 107TH LANE OCALA, FL 34476 <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	<i>By 10/26</i> <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

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: <i>Constance L. Apploff</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10/23/07 Daytime Phone #