2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000133304 1. Entity Name FIL FD SPRING CLEANING COMMERCIAL LAUNDRY, CORP 07 NOV -6 PM 4: 09 Principal Place of Business Mailing Address SECRETARY OF STATE **401 ENTERPRISE ST 401 ENTERPRISE ST UNIT # 419** UNIT # 419 AHASSEE, FLORIDA OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State City & State 4. FET Numb Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNEY, JOSE F Street Address (P.O. Box Number is Not Acceptable) 4230 WILLOW BAY DR WINTER GARDEN, FL 34787 City Zip Code 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 FILE NOWIII FEE IS \$150,00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Oelete MILE TITLE ☐ Addition ☐ Change NAME BARNEY, JOSE F NAME 500112029885 STREET ADDRESS 4230 WILLOW BAY DR STREET ADDRESS 11/06/07--01014--014 **150.00 CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition BARNEY, JUAN C NAME NAME 2728 DORADO CT STREET ADDRESS STREET ADDRESS CHY-ST-ZIF APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channa Addition VARGAS, JAIME F NAME NAME STREET ADDRESS **229 SE 34 PLACE** STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP TITLE Delete fin F ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 tempowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG sh-91 5