2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000138328

1. Entity Name
FABULOUS CLEANING SVCS INC

FILED
2007 OCT 11 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10052007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
3047 LAKE VISTA DR CLEARWATER, FL 33759 US	3047 LAKE VISTA DR CLEARWATER, FL 33759 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

4. FEI Number — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE MOURA, DENILZA R
3047 LAKE VISTA DR
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: x Denilza Regina de moura 10/05/07
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE MOURA, DENILZA R 3047 LAKE VISTA DR CLEARWATER, FL 33759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110708752 10/12/07--01010--007 **150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: x Denilza Regina deMoura 10/05/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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