

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000141924

1. Entity Name
PUNTA GORDA CLEANING SERVICE, INC.



FILED
2008 JAN -9 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2074 MAURITANIA ROAD
PUNTA GORDA, FL 33983

Mailing Address
2074 MAURITANIA ROAD
PUNTA GORDA, FL 33983



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01032008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent
SCULIDIS, REGLA
2074 MAURITANIA ROAD
PUNTA GORDA, FL 33983

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 [Signature] DATE 1-5-08
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCULIDIS, REGLA 2074 MAURITANIA ROAD PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200114554312 01/09/08--01029--012 **308.75
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REINSTATEMENT
07-08

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: [Signature] DATE 1-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08