

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000153202

1. Entity Name
ADOLFO CLEANING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 23 AM 9:05

Principal Place of Business
2064 E BOND DRIVE
WEST PALM BEACH, FL 33415

Mailing Address
2064 E BOND DRIVE
WEST PALM BEACH, FL 33415

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

20-8062889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARBOLEDA, CARLOS A
2064 E BOND DRIVE
WEST PALM BEACH, FL 33415

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, 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

D
ARBOLEDA, CARLOS A
2064 E BOND DRIVE
WEST PALM BEACH, FL 33415

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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10/23/07--01025--004 **150.00

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☐ 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, and all other like empowered.

SIGNATURE:

Carlos A. Arboleda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/07

REINSTATEMENT