

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000154862

1. Entity Name
VP CLEANING SOLUTIONS, INC.



FILED

08 JAN -7 AM 10:13

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2303 W MCNAB ROAD
POMPANO BEACH, FL 33069 US

Mailing Address
2303 W MCNAB ROAD
POMPANO BEACH, FL 33069 US
1760 SW 21st #3
Fort Lauderdale, FL 33315

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

3. Mailing Address
1760 SW 21st #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.



12172007 REIN-P CR2E098 (1/07)

City & State

City & State
Fort Lauderdale, FL

4. FEI Number

Applied For
Not Applicable

Zip Country

Zip Country
33315 US

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

6. Name and Address of Current Registered Agent

TNG ASSOCIATES, INC.
2390 WILTON DRIVE
WILTON MANORS, FL 33305

7. Name and Address of New Registered Agent

Name Miranda D. Powers
Street Address 2303 W MCNAB ROAD
City & State POMPANO BEACH FL Zip Code 333069

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 12-29-07
(NOTE: Registered Agent signature required when reinstating)

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

TITLE PRES
NAME POWERS, MIRANDA
STREET ADDRESS 2303 W MCNAB ROAD
CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000114874066
01/14/08--01003--005 **156.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 07KS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 12-29-07 DAYTIME PHONE 9545344066