2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 27 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10072008 REIN-P CR2E098 (1/07)

DOCUMENT # P07000021625

1. Entity Name
THREE PARTNERS CLEANING CONTRACTOR INC

Principal Place of Business	Mailing Address
2492 SHARKEY RD 101 CLEARWATER, FL 33765	2492 SHARKEY RD 101 CLEARWATER, FL 33765

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
400 Signal Pointe	P.O. Box 25244
Suite, Apt #, etc. Apt. 102	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota FL
Zip 34237 Country Sarasota	Zip 34277 Country Sarasota

4. FEI Number 20-8476311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, MANUEL
2492 SHARKEY RD
101
CLEARWATER, FL 33765

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: Damaso Rayo Orozco DATE 10/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2009, 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	V MARTINEZ, MANUEL 2492 SHARKEY RD APT 101 CLEARWATER, FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200137323732 10/27/08--01053--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RAYO-OROZCO, DAMASO 400 SIGNA POINT DR APT 102 SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Damaso Rayo Orozco 10/18/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/27 W