

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P07000028761**

1. Entity Name  
**THE CLEANING FACTORY, INC.**



FILED

08 OCT 20 11:11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4155 SW 67TH AVE  
APT 109B  
DAVIE, FL 33314**

Mailing Address  
**15841 PINES BLVD  
#171  
PEMBROKE PINES, FL 33027**



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

**4155 SW 67th Ave  
Suite, Apt. #, etc.  
Apt # 109B**

3. Mailing Address

**15841 Pines Blvd  
Suite, Apt. #, etc.  
#171**

10172008 REIN-P CR2E098 (1/07)

City & State

**DAVIE FL**

City & State

**Pembroke Pines FL**

4. FEI Number

**01-0888844**

Applied For

Not Applicable

Zip

**33314**

Country

**USA**

Zip

**33027**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALBAN, CARLOS  
4155 SW 67TH AVE  
APT 109B  
DAVIE, FL 33314**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Delete  
NAME: **ALBAN, CARLOS**  
STREET ADDRESS: **15679 SW 41 STREET**  
CITY-ST-ZIP: **MIRAMAR, FL 33027**

TITLE:  Change  Addition  
NAME: **CARLOS ALBAN**  
STREET ADDRESS: **4155 SW 67th Ave Apt # 109 B**  
CITY-ST-ZIP: **DAVIE FL 33314**

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS: **000137071460**  
CITY-ST-ZIP: **10/20/08--01045--003 \*\*150.00**

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

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

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

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

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

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

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
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

*10/15/08*  
Date

*954-608-9064*  
Daytime Phone #

*10/21/08*