## 2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

## DOCUMENT # P07000077867 FILED 1. Entity Name THE SWEDISH CLEANING SOLUTION INC 08 DEC 30 PM 4: 39 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **4233 BEACON TREE COURT 4233 BEACON TREE COURT** JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1 BEINSTATEMENT 98 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLINGSTROM, CAROLINE M Street Address (P.O. Box Number is Not Acceptable) **4233 BEACON TREE COURT** JACKSONVILLE, FL 32257 City 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 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRES □ Change □ ⊒ ☐ Addition TITLE Delete TIT! F KLINGSTROM, CAROLINE M NAME NAME STREET ADDRESS 4233 BEACON TREE COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY - ST - ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 air address, with all other like empowered.