


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000096907		
1. Entity Name FCM CLEANING SERVICE, INC		

FILED
08 OCT 30 AM 9:45

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11831 SHOTGATE CT ORLANDO, FL 32837	Mailing Address 11831 SHOTGATE CT ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 26-0811306	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

10232008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent JIMENEZ, OSCAR 11831 SHOTGATE CT ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name FCM CLEANING SERVICE, INC Street Address (P.O. Box Number is Not Acceptable) City ORLANDO FL Zip Code 32837	
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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 Oscar Jimenez	Oscar Jimenez	10-23-08
Signature, typed or printed name of registered agent and title if applicable.		DATE

(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, OSCAR 11831 SHOTGATE CT ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137484274 10/30/08--01035--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORACA, ANA F 11831 SHOTGATE CT ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: Oscar Jimenez - Oscar Jimenez	10-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

10/31/08