## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000105777

Entity Name: THE FLYING MOP, INC

560-D SILK CARNATION WAY

ROYAL PALM BEACHF, FL 33411

Address: City-St-Zip: FILED Oct 14, 2009 Secretary of State

Littly Nai	me. Incren	ING WICE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
560-D SILK CARNATION WAY ROYAL PALM BEACH, FL 33411			SUITE D	560-D SILK CARNATION WAY SUITE D ROYAL PALM BEACH, FL 33411	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
560-D SILK CARNATION WAY ROYAL PALM BEACH, FL 33411			SUITE D	560-D SILK CARNATION WAY SUITE D ROYAL PALM BEACH, FL 33411	
FEI Number:	: 26-1126830	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ROCHA, JOSE L 560-D SILK CARNATION WAY ROYAL PALM BEACH, FL 33411 US			SUITE D	560-D SİLK CARNATION WAY	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JOSE L. ROCHA				10/14/2009	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROCHA, MARIÁ 560-D SILK CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROCHA, JOSE 560-D SILK CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () GONZALEZ, MA	Delete ARIA D	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE L ROCHA VP 10/14/2009