

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000131776 1. Entity Name SANDRA MUNOZ CLEANING, INC.	
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FILED
08 NOV 24 PM 2:53
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 421 SAND LIME RD. WINTER GARDEN, FL 34787 US	Mailing Address 421 SAND LIME RD. WINTER GARDEN, FL 34787 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 2008 (1/07) *08*

6. Name and Address of Current Registered Agent

**MUNOZ, SANDRA M-
421 SAND LIME RD.
WINTER GARDEN, FL 34787**

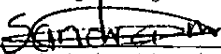
7. Name and Address of New Registered Agent

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:  Sandra M. Muñoz 11/19/08

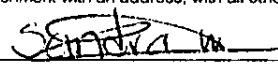
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	MUNOZ, SANDRA M	
STREET ADDRESS	421 SAND LIME RD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	500138229575	
NAME	11/24/08--01030--005 **150.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE:  Sandra M. Muñoz 11/19/08 (352)217-6572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/19/08

To: DIVISION OF CORPORATIONS
From: SANDRA MONOZ CLEANING, INC.

I never received a letter of renewal when I was supposed to renew my corporation license. I only received a notice of dissolution or revocation, so I want for you to waive the \$400. late fee.

Any question please call me.

Sandra Monoz Cleaning, Inc.
Document # P07000131776
421 Sand Lime Rd.
Winter Garden FL 34787
(352) 217-6572

Thank you so much.

Att: ~~Sandra M~~