## 2008 FOR PROFIT CORPORATION REINSTATEMENT

SANDRA MUNOZ CLEANING, INC.    OB MOY 24 PH 2:53   Principal Place of Business   Authority Address   Autho	DOCUMENT # P07000131776							FILED		
### NITE HONDER FLOOR Business - No P.O. Box # 3. Mailing Address    Suite, Apt. #, etc.			, ,	`	*	Comm.	08 KDV	24 Pit 2: 5		
Suite. Appl. #, etc.    City & State   Country   Zip   Country   Zip   Country   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. 8.75 Additionable Fee Required   S. Certificht of Saus Desired   S. S. Certificht of Saus Desire	421 SAND LI	ME RD.	421 SAND LIME RD.			ALLAND	SSEE, FLOR'S	E DA		
Coy 6 State  City 6 State  Country  S. Conflictation of Status Desired  To Applicable  The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Brodd. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  THE NOWITH FEEL IS \$150.00  After Jeassery 1, 2009, Feel wife be \$300.00  TO FERRIS AND DIRECTORS  THE NOWITH FEEL IS \$150.00  MINOZ, SANDRA M  SIRE! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NOWITH FEEL IS \$150.00  TO STATE TO STATE TO OFFICERS AND DIRECTORS IN 11  THE NOWITH FEEL IS \$150.00  TO STATE TO STATE TO OFFICERS AND DIRECTORS IN 11  THE NOWITH FEEL IS \$150.00  THE NOWITH FEEL IS \$150	Principal Place of Business - No P.O. Box # 3. Mailing Address				-					
Zep Country Zip Country S. Certificate of Status Desired S. 3.7.5 Additional Period Polytical Period Registered Agent To Name and Address of Current Registered Agent To Name and Address of Name Registered Agent To Name Address of Name Registered Agent To Name and Address of Name Registered Agent To Name Address of Name Registered Agent To Name Address of Name Registered Agent Address (P.O. Box Number is Not Acceptable)  Sinear Address (P.O. Box Number is Not Acceptable)  Sinear Address (P.O. Box Number is Not Acceptable)  Signature Country Submits Statement for the purpose of charging its registered agent, or both, in the State of Plonds. I am farrhast with, and accept in octification of registered agent, or both, in the State of Plonds. I am farrhast with, and accept in octification of registered agent, or both, in the State of Plonds. I am farrhast with, and accept in octification of registered agent.  SIGNATURE STATE OF ST	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1REHA	1 PEN CFATEMENT 098 (1/07)			
S. Corticidado of Status Desired   For Angulators   For A	City & State	3	City & State			4. FEI Numb				
MUNOZ, SANDRA M 421 SAND LIME RD.  Only  FL Zip Code  8. The above named entity pubmits bits statement for the purpose of changing its registated differ or registated agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  The above named entity pubmits bits statement for the purpose of changing its registated differ or registated agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent agent.  The above named entity pubmits bits statement for the purpose of changing its registated differ or registated agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent.  The above named entity pubmits bits statement for the purpose of changing its registated differ or registated agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rocks.  SIGNATURE:  NOTE: Registered Agent Agents agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rocks. I am familiar with, and accept the obligations of Rocks.  INTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTER ADDITIONS/CHANGES TO OFFICERS AND DIRE	Zip	Country	Zip	Country	<i>y</i>	5. Certificate	e of Status Desired			
MUNOZ, SANDRA M- 421 SAND LIME RD.  WINTER GARDEN, FL 34787    Crey   FL   Zip Code		6. Name and Address of Current	Registered Agent		Namo	7. Name an	d Address of New Re	gistered Agent		
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. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. State of Florida State of Flori	MUNOZ, S	ANDRA M-								
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I em familiar with, and accept the obligations of registered agent.  SIGNATURE SIG				Street Address		ss (P.O. Box Numb	P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I an familiar with, and accept the obligations of registered disports.  SIGNATURE  SIG					City Zip Code					
SIGNATURE Superior of registered agent.  SIGNATURE Superior in the college and the process of the superior of	8. The above	named entity submits this statement to	or the purpose of changing its	registered	l office or regi	stered agent, or be	oth, in the State of Flor	. —	and accept	
TILE MOWITE FEE 19 \$750.00  After January 1, 2009, Fee will be \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE PUNIOZ, SANDRA M STREET ADDRESS OTFICERS AND LIME RD OTTI-ST-2P MILE NAME STREET ADDRESS OTTI-ST-2P MILE NAME STREET ADDRE	the obligations of registered agent.									
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TITLE  IMAME  IMAME  IMAME  IMAME  AUTONOZ, SANDRA M  IMAME  I			<b>)</b>				į			
MUNOZ, SANDRA M 421 SAND LIME RD SIREF ADDRESS O(IY-S1-2P) MINTER GARDEN, FL 34787  TILE NAME SIREF ADDRESS O(IY-S1-2P)  TILE OCHORGE OCHORGE OCHORGE OCHORGE OCHORGE OCHORGE O(IY-S1-2P)  TILE OCHORGE OCH				_		ADDITIONS	/CHANGES TO OFFIC			
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NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  12. Thereby 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**  **NAME** **SIRRET ADDRESS* CITY-ST-ZIP  **ITTLE** **ITTLE	NAME Street adoress	$\mathcal{J}$	1 1/24 Delete	name Street		. , , , , , , , , , , , , , , , , , , ,		☐ Change	☐ Addition	
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	SIGNAT		PRINTED NAME OF SIGNING OFFICER (	OR DIRECTOR	2 M.	Mono	DE 11/19	08 (352) Daysima Phone #	?17-6572	

TO: DIVISION OF CORPORATIONS From: SANDRA MONDE CLEANING, INC.

I never received a letter of renewal when I was suppost 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.

lary overtion Please call me.

Sandra Muñoz Cleaning, inc. Pocoment # P07000131776

421, Sand Lime Rd.
Winter Garden FL 34787

(352) 217 -6572

Thank you so much.

Att: Carrows M