2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2009
Secretary of State

DOCUMENT# P08000010856

Entity Name: S&J TREASURE COAST CLEANERS,INC.

Current Principal Place of Business:

1888 SW JAMESPORT DR
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1847 SW JAMESPORT DR
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

1888 SW JAMESPORT DR
PORT SAINT LUCIE, FL 34953

New Mailing Address:

1847 SW JAMESPORT DR
PORT SAINT LUCIE, FL 34953 US

FEI Number: 26-2038268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFIGUEIREDO, SILAS J
1888 SW JAMESPORT DR
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DEFIGUEIREDO, SILAS J
1847 SW JAMESPORT DR
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: SILAS J DEFIGUEIREDO 10/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEFIGUEIREDO, SILAS J
Address: 1888 SW JAMESPORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP ( ) Delete
Name: DEFIGUEIREDO, JOELMA C
Address: 1888 SW JAMES PORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: TR (X) Delete
Name: DEFIGUEIREDO, JOELMA C
Address: 1888 SW JAMESPORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: OF (X) Delete
Name: DEFIGUEIREDO, SILAS J
Address: 1888 SW JAMES PORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEFIGUEIREDO, SILAS J
Address: 1888 SW JAMESPORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VPD (X) Change ( ) Addition
Name: DEFIGUEIREDO, JOELMA C
Address: 1888 SW JAMES PORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SILAS J. DEFIGUEIREDO PD 10/01/2009
Electronic Signature of Signing Officer or Director Date