

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000095718

FILED
Dec 24, 2009
Secretary of State

Entity Name: MATOS CLEANING SERVICES, CO.

Current Principal Place of Business:

1155 ZACHARY RIDGE CT
KISSIMMEE, FL 34747

New Principal Place of Business:

5233 SUNSET CANYON DR
KISSIMMEE, FL 34758

Current Mailing Address:

1155 ZACHARY RIDGE CT
KISSIMMEE, FL 34747

New Mailing Address:

5233 SUNSET CANYON DR
KISSIMMEE, FL 34758

FEI Number: 26-3610104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ TEJEDA, FRANKLYN M
1155 ZACHARY RIDGE, CT
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

ORTIZ TEJEDA, FRANKLYN M
5233 SUNSET CANYON DR
KISSIMMEE, FL 34758 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: FRANKLYN M ORTIZ TEJEDA

12/24/2009

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: D/P () Delete
Name: MATOS RUBIO, MARIA CRISTINA
Address: 1155 ZACHARY RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: DVP () Delete
Name: ORTIZ TEJEDA, FRANKLYN M
Address: 1155 ZACHARY RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: T () Delete
Name: GARCIA, IVAN
Address: 1143 ZACHARY RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: S () Delete
Name: DELATOUR, PAUL
Address: 1150 ZACHARY RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: MATOS RUBIO, MARIA CRISTINA
Address: 5233 SUNSET CANYON DR
City-St-Zip: KISSIMMEE, FL 34758

Title: DVP (X) Change () Addition
Name: ORTIZ TEJEDA, FRANKLYN M
Address: 5233 SUNSET CANYON DR
City-St-Zip: KISSIMMEE, FL 34758

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: FRANKLYN ORTIZ

DVP

12/24/2009

Electronic Signature of Signing Officer or Director

Date