

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000005125

1. Entity Name  
AFTER HOURS CLEANING SERVICE, INC.



FILED  
2007 FEB -1 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

13641 S.W. 21 STREET  
MIRAMAR, FL 33027 US

Mailing Address

PO BOX 681183  
MIAMI, FL 33168 US



01302007 REIN-P CR2E098 (1/07)

\*2. Principal Place of Business - No P.O. Box #

1282 N.W. 119 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33167

Country

US

Country

4. FEI Number

65-0465474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, EDDY J.  
13641 SW 21ST STREET  
MIRAMAR, FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ALLEN, JOE  
STREET ADDRESS 2040 NW 131 ST  
CITY-ST-ZIP MIAMI, FL

TITLE SD ☐ Delete  
NAME ALLEN, MARIE  
STREET ADDRESS 2040 NW 131ST ST.  
CITY-ST-ZIP MIAMI, FL 33167

TITLE CPTD ☐ Delete  
NAME ALLEN, EDDY  
STREET ADDRESS 13641 S.W. 21 STREET  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Eddy Allen

1-30-07

Date

305-623-8863

Daytime Phone #

REINSTATEMENT

B. 2/5/07

06-07