

2004 FOR PROFIT CORPORATION REINSTATEMENT

\$150.00

DOCUMENT # P94000092236 1. Entity Name ADVANCED WINDOW CLEANING, INC.						FILED 04 NOV - 9 PM 1:15 MAILING ADDRESS IS NOW ALSO PLACE OF BUSINESS SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 21346 ST ANDREWS BLVD #124 BOCA RATON, FL 33433		Mailing Address 10725 SANBERNODINO WAY BOCA RATON, FL 33428				 11012004 REIN-P CR2E098 (6/04) 04	
2. Principal Place of Business 10725 San bernardino way		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Boca Raton, FL		City & State		4. FEI Number 65-0556552		Applied For Not Applicable	
Zip 33428		Country palm beach		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMUS, ANDREW G 12246 ROCKLEDGE CIR. BOCA RATON, FL 33428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div style="border: 1px solid black; width: 300px; height: 40px;"></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMUS, ANDREW G 12246 ROCKLEDGE CIR BOCA RATON, FL 33428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042605911 11/09/04--01065--025 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:				11-8-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

FILED
 04 NOV - 9 PM 1:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

To whom it may concern.

I just got off the phone with one of your representatives. The situation is I did not receive my annual renewal form earlier this year. This is a new address as of one and a half years ago. The operator said to write this letter and my check for \$150.00 and the renewal will be made.

Thank You
Ralph Ramm
Advanced Window Cleaning Inc.