


2007 FOR PROFIT CORPORATION REINSTATEMENT

10f2

DOCUMENT # P96000074970		
1. Entity Name A-1 COUNTRY CLEANING, INC.		

FILED

07 NOV 16 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10754 ALTA DR JACKSONVILLE, FL 32226	Mailing Address 10754 ALTA DR JACKSONVILLE, FL 32226
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10982007 REIN-P	CR2E098 (1/07)
REINSTATEMENT	
4. FEI Number 59-3398876	Not Applicable

6. Name and Address of Current Registered Agent HASSELL, CALVIN 10754 ALTA DR JACKSONVILLE, FL 32226	
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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 _____

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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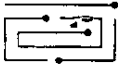
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HASSELL, CALVIN JR 10754 ALTA DR JACKSONVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200112375322
11/16/07-01024-001 **150.00

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: Calvin Hassell Jr 10-11-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

2 of 2

Taxation, Accounting, Pension Planning, and Business Counseling

November 13, 2007

Florida Department of State
Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: A-1 Country Cleaning, Inc.
Document No.: P96000074970

Dear Sir:

The above-referenced corporation received a Notice Of Dissolution Or Revocation. The corporation respectfully requests reinstatement of corporate status.

The Company is a small business and has no record of receiving the renewal notice.

Please find enclosed the annual fee of \$150.00.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.

Kim K. Hubbard,
Certified Public Accountant

Enclosure

cc: Calvin Hassell, Jr.