

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000078816

1. Entity Name

J B & D CLEANING SERVICES, INC.



FILED

06 FEB 24 PH 1:41

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13129 SPRING HILL DRIVE
SPRING HILL, FL 34609

Mailing Address

13129 SPRING HILL DRIVE
SPRING HILL, FL 34609

2. Principal Place of Business

7730 CALLAN CT

3. Mailing Address

P.O. Box 72

Suite, Apt. #, etc.

Suite, Apt. #, etc.



02222006

REIN-P

CR2E098 (11/05) 05-06

City & State

NEW PORT RICHEY, FL

City & State

PT. RICHEY, FL

4. FEI Number

59-3402606

Applied For

Not Applicable

Zip

34654

Country

USA

Zip

34673

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCK, DAVID A

13129 SPRING HILL DR
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name

DEBORAH SHIFRIN

Street Address (P.O. Box Number is Not Acceptable)

7730 CALLAN CT

City

NEW PORT RICHEY, FL

Zip Code

34654

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

2-22-06

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 SHIFRIN, DEBORAH
STREET ADDRESS 7730 CALLAN CT
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE D ☐ Delete
NAME RUBENSTEIN, CANDISE
STREET ADDRESS 7730 CALLAN CT
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 400067883494
STREET ADDRESS 03/15/06--01009--031 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400067883494
STREET ADDRESS 03/15/06--01009--032 **150.00
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:

DEBORAH SHIFRIN

2-22-06

727 849-4979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #