2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000063161

1. Entity Name
AMNI PRESSURE CLEANING AND PAINTING, INC.

FILED
05 JAN 14 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5965 N. SABLE CIRCLE MARGATE, FL 33063	569 NW 41ST AVE COCONUT CREEK, FL 33073

01112005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
5691 NW 41st Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek FL	City & State
Zip: 33073 Country:	Zip Country

4. FEI Number: 65-0783516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARAY, RAUL O 5965 N. SABLE CIRCLE MARGATE, FL 33063	Name: Garay, Raul O Street Address (P.O. Box Number is Not Acceptable): 5691 NW 41st Ave City: Coconut Creek FL Zip Code: 33073

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: _____ 1/11/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARAY, RAUL O 5965 N. SABLE CIRCLE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Garay, Raul O 5691 NW 41st Ave Coconut Creek FL 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTINEZ, JOCELYN 5965 N. SABLE CIRCLE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5691 NW 41 Ave Coconut Creek FL 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEDINA, CARMEN 1ST C-10 FOREST HILLS BAYAMON, PR 00956,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700044770337 01/14/05--01024--011 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR 1/14	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1/11/05 954-571-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #