

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000046167**

1. Entity Name  
**SUNSATIONAL CLEANING SERVICE, INC.**



**FILED**  
**06 MAY 11 AM 10:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1408 WESTLEY ST.  
SAFETY HARBOR, FL 34695**

Mailing Address  
**1408 WESTLEY ST.  
SAFETY HARBOR, FL 34695**

2. Principal Place of Business  
**5727 Biscayne CT.  
Suite, Apt. #, etc.  
Condo 307  
City & State  
New Port Richey FL  
Zip  
34652**

3. Mailing Address  
**5727 Biscayne CT.  
Suite, Apt. #, etc.  
Condo 307  
City & State  
New Richey FL.  
Zip  
34652**

**03222006 REIN-P CR2E098 (11/05) 05-06**

6. Name and Address of Current Registered Agent  
**LABRECQUE, EDWARD C  
1202 NEBRASKA AVE.  
PALM HARBOR, FL 34683**

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 \_\_\_\_\_ DATE **05/25/06--01014--023 \*\*308.75**

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D ROCHETTE, SUZANNE 1408 WESTLEY ST. SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHETTE, ROBERT 1408 WESTLEY ST. SAFETY HARBOR, FL 34695 <input checked="" 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	President Suzanne Rochette 5727 Biscayne CT. #307 New Port Richey FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert Rochette 5727 Biscayne CT. #307 New Port Richey FL 34652 <input checked="" 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

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: **Robert Rochette** **4/6/06 (727) 642-4946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #