


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S28262 1. Entity Name PAINTING AND CLEANING BY MOON, INC.					
Principal Place of Business 9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312				Mailing Address 9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 28-B Old Palmeth Path		3. Mailing Address Suite, Apt. #, etc. ← same			
City & State St. Marks Fla		City & State ← same		4. FEI Number 59-3045767	
Zip 32355		Country Wakulla		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOON, WANDA 9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Wanda Moon Street Address (P.O. Box Number is Not Acceptable) 28B Old Palmeth Path City St. Marks, FL Zip Code 32355	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 MOON, WANDA 9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wanda Moon 28B Old Palmeth Path St. Marks, FL 32355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110253163 10/04/07--01005--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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"/> Delete	<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"/> Delete	<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: _____ 9-17-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

2007 SEP 17 PM 4:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA



09172007 REIN-P CR2E098 (1/07)