
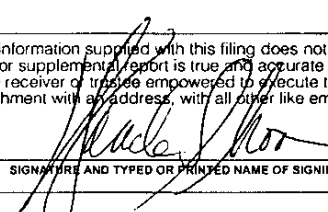


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # S28262</b> 1. Entity Name <b>PAINTING AND CLEANING BY MOON, INC.</b>		
Principal Place of Business <b>9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312</b>		Mailing Address <b>9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312</b>
2. Principal Place of Business - No P.O. Box # <b>28-B Old Palmeth Path</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. ← <b>same</b>	
City & State <b>St. Marks Fla</b>	City & State ← <b>same</b>	4. FEI Number <b>59-3045767</b>
Zip <b>32355</b>	Country <b>Wakulla</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>MOON, WANDA 9485 BUCKHAVEN TR. TALLAHASSEE, FL 32312</b>		7. Name and Address of New Registered Agent Name <b>Wanda Moon</b> Street Address (P.O. Box Number is Not Acceptable) <b>28B Old Palmeth Path</b> City <b>St. Marks, FL</b> Zip Code <b>32355</b>
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>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		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 <input type="checkbox"/> Delete <b>P MOON, WANDA</b> STREET ADDRESS <b>9485 BUCKHAVEN TR.</b> CITY-ST-ZIP <b>TALLAHASSEE, FL 32312</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wanda Moon</b> STREET ADDRESS <b>28B Old Palmeth Path</b> CITY-ST-ZIP <b>St. Marks, FL 32355</b>	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300110253163</b> <b>10/04/07--01005--021 **150.00</b>	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: 		Date <b>9-17-07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

FILED

2007 SEP 17 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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