

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 23 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO4000166613*

1. Corporation Name

Orlando Janitorial Services Inc

800103044518
05/23/07--01002--017 **1058.75

2. Principal Office Address - No P.O. Box #

1328 Tyler K. Cir

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32839

Country

USA

3. Mailing Office Address

P.O. Box 649

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32802

Country

USA

CR2E081 (1/07) *05-07*
REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-15-04

5. FEI Number

20-2021002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Kevin Hardin*

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

1328 Tyler K. Cir.

Suite, Apt. #, Etc.

City *Orlando*

State

FL

Zip Code

32839

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Kevin Hardin
REGISTERED AGENT MUST SIGN

Date *5-13-07*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P.T.</i>	<i>Kevin Hardin</i>	<i>1328 Tyler K. Cir.</i>	<i>Orlando FL 32839</i>
<i>S</i>	<i>Harrie Hardin</i>	<i>1328 Tyler K. Cir.</i>	<i>Orlando FL 32839</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kevin Hardin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-07 407-948-5149
Date Daytime Phone #

5. MARCH MAY 23 2007