

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 FEB 13 PM 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000008861

1. Corporation Name JANITORS USA INC.

2. Principal Office Address - No P.O. Box # 6625 Miami Lakes Dr

Suite, Apt. #, etc. Suite 402

City & State Miami Lakes FL

Zip 33014 Country

3. Mailing Office Address 6625 Miami Lakes Drive

Suite, Apt. #, etc. Suite 402

City & State Miami Lakes FL

Zip 33014 Country

REINSTATEMENT 03-08 CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 593488191

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 Richard Wells

Street Address (P.O. Box Number is Not Acceptable) 6625 Miami Lakes Drive

Suite, Apt. #, Etc. Suite 402

City Miami Lakes

State FL Zip Code 33014

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 Richard Wells REGISTERED AGENT MUST SIGN

Date 02-12-08

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: President, Rosalinda Fuller, 1519 Sheridan Ave N, MPLS, MN 55411. Includes stamp: 700120013207 03/12/08--01005--018 \*\*1100.00

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/08 Daytime Phone # 612-529-0078

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Dear, Florida State Department

I am requesting a wavier of the State reinstatement fee please . I never received my annual report or any notices.

Thank You  
Sincerely Yours  
Rosalinda Fuller