

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 204000148824

1. Corporation Name

ELITE JANITORIAL SERVICES INC.

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

4903 PIER

Suite, Apt. #, etc.

City & State

GREENACRES FL

Zip

33463

Country

WPB

3. Mailing Office Address

4903 PIER

Suite, Apt. #, etc.

City & State

GREENACRES FL

Zip

33463

Country

WPB

7. Name and Address of Current Registered Agent

Name

HUGO E. MARCOS

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

4903 PIER DR

Suite, Apt. #, Etc.

City

GREENACRES

State

FL

Zip Code

33463

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/10/10

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
P	HUGO E. MARCOS	4903 PIER DR	GREENACRES FL 33463
		\$3/25	

10. E-mail Address: ELITEJSSINC@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

5/10/10

Daytime Phone #

(561)601-3466

FILED

10 MAY 24 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900180844279  
05/13/10--01030--013 \*\*450.00

REINSTATEMENT 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/2004

5. FEI Number

201852600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.