

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED
 1997 JUL 24 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000003550

1. Corporation Name **FLORIDA JANITORIAL SERVICE, INC.**
(A TEXAS CORPORATION)

Principal Place of Business **1939 N. GESSNER**
HOUSTON, TEXAS 77080

Mailing Address **P.O. BOX 43,883**
HOUSTON, TEXAS 77280

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/02/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 76-0437451	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MARICELA PEREZ	10000 KEMPWOOD #835	HOUSTON, TEXAS 77080
S	IGNACIO ZAPATA	5020 TELEPHONE RD.	HOUSTON, TEXAS 77087

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REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOAQUIN TOBON 1012 IDLEBRIAR WAY TARPON SPRINGS, FL 34689		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **07/23/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Maricela Perez* 07/17/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARICELA PEREZ

Date Daytime Phone #

CP2E040 (12/96)