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FILED
DIVISION OF CORPORATIONS
STATE

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003566**

1. Corporation Name

ABM FACILITY SERVICES COMPANY

REINSTATEMENT 00-04

2. Principal Office Address 160 PACIFIC AVE.		3. Mailing Office Address 160 PACIFIC AVE.	
Suite, Apt. #, etc. SUITE 222		Suite, Apt. #, etc. SUITE 222	
City & State SAN FRANCISCO, CA		City & State SAN FRANCISCO, CA	
Zip 94111	Country USA	Zip 94111	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **06/23/1998**

5. FE Number **84-0601290** Applied For **NOT APPLICABLE**

6. CERTIFICATE OF STATUS DESIRED 9075 requires filing for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.

Suite, Apt. #, Fr.

CITY **PLANTATION** State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of section 607.0905 or 617.0905, F.S.

Signature of Registered Agent **Tina Perrin** Special Assistant Secretary Date **7/1/04**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DIR.	HENRIK C. SLIPSAGER	160 PACIFIC AVE. SUITE 222	SAN FRANCISCO, CA 94111
DIR.	GEORGE B. SUNDBY	160 PACIFIC AVE. SUITE 222	SAN FRANCISCO, CA 94111
CFD	GEORGE B. SUNDBY	160 PACIFIC AVE. SUITE 222	SAN FRANCISCO, CA 94111
DIR.	JESS E. BENTON, III	160 PACIFIC AVE. SUITE 222	SAN FRANCISCO, CA 94111
CEO	JESS E. BENTON, III	160 PACIFIC AVE. SUITE 222	SAN FRANCISCO, CA 94111
V.P.	MARIA DE MARTINI	160 PACIFIC AVE. SUITE 222	SAN FRANCISCO, CA 94111

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 under section 115.07(3)(c), 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: **George B. Sundby** Date **7-1-04** **715-733-4000**

Signature and Print or Printed Name of Signing Officer or Director

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ABM FACILITY SERVICES COMPANY

Certificate of Status	0
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