		PLEASE REA	AD ALL INSTRUC	TIONS BEFOR	E COMPLE	TING T	HIS FORM	1.	11	M
	CORPORATO TO THE STATE OF STAT			RI MENT OF STAT it e arris of State ORPORATIONS	rë i		F]]	EI I PM		V
DOCUMENT # G99094 1. Corporation Name BIG A JANITORIAL CORPORATION					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
BIG	A JA	NITURIAL C	ORPORATION							
2. Principal	Office Addr	ess	3. Mailing Office Add	3. Mailing Office Address					-4 -8	. 44
741	5 SW	16 TER	7415 SW	7415 SW 16 TER						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				· · ·			
						orporated or our or		2/29/	1984	4
City & State			City & State		5. FEI Number			Applied Fo	or :	
	MI, F	·····	MIAMI,	FL .		59~23	75731		Not Applic	
Zip 331	55	USA	Zip 33155	Country	6. CERTIFICA	ATE OF STATU	S DESIRED S		onal Fee red ficate of Sta	
	,	. 334. 6 . 70 . 70 . 70	7. Name and	Address of Current Req	jistered Agent					
Î	Name	CARLOS A.	r odez			מססו	03263	3031	0 - 4-:	3
i.		dress (P.O. Box Numbe		,		•	5/23/00 **1050.00		904 1090.0	0
7415 SW 16 TER						**1U5U.UU	***	1030.0	U 	
 - - -	Suite, Apt	.#, Etc.		· · ·						
	City]	MIAMI				State	Zip Code 33155-	1515	1 2 1	

	 	gations of section 607.0505 or 617.0503, F.S

Signature of Registered Agent

TERED AGENT MUST SIGN

4/26/00

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/T	Carlos A. Lopez	7415 SW 16 TER -	MIAMI, FL33155 -
V/S	Susana N. Lopez	7415 SW 16 TER	MIAMI, FL 33155
,			A.S
		,	

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 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-265-8877

Affachment
Off 699090

"A" Janitorial Corporation

RR
3155-1515
-8877
-5417

7415 SW 16 TER MIAMI FL 33155-1515 PH: 305 265-8877 FAX: 305 265-5417

To Whom It May Concern:

Big A Janitorial Corporation is a small family owned business than was started in 1983. We are fortunate to say that 16 years later we are still in business although it gets very difficult at times to make ends . meet.

When we moved from our Hialeah address we filed with the US Postal Service a change of mailing address to 7415 SW 16 Terrace, Miami, FL 33155.

We had trouble getting some of our mail but unfortunately we did not miss receiving the annual Corporation Report for 1995. Up until then we were current reporting every year.

It was by chance that our insurance agent discovered the fact that our corporation was inactive since 1995 for failing to report and pay the corresponding fees.

We have always paid all our bills when due, even though sometimes it could get very hard. We now appeal to your understanding and respectfully request that the reinstatement fees and penalties are waived due to the fact that no reports were received since 1995. We are aware of the fact that we should have noticed not receiving them, but we honestly didn't. We can assure you that we will this will not happen again.

Thank you for your understanding.

President

Enclosed: Check #6681 for \$1050.00