

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # **G99094**

1. Corporation Name

BIG A JANITORIAL CORPORATION

Principal Place of Business

7415 S.W. 16 TERRACE
MIAMI FL 33155
US

Mailing Address

7415 S.W. 16 TERRACE
MIAMI FL 33155
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/29/1984

5. FEI Number

59-2375731

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	LOPEZ, CARLOS A.	7415 S.W. 16 TERR.	MIAMI FL 33155
VS	LOPEZ, SUSANA	7415 S.W. 16 TERR.	MIAMI FL 33155

200004661602--3
-10/31/01--01080--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

LOPEZ, CARLOS A.
7415 S.W 16 TERRACE
MIAMI FL 33155-1515

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Handwritten signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/01

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

305-265-8877

CR2E040 (8/01)

282

Big "A" Janitorial Corporation

Ph: #305 265-8877 - Fax: 305 261-5417
7415 SW 16 TERRACE - MIAMI, FL 33155-1515

October 11, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I have just received a notice of Dissolution and as of September 21, 2001, and am very concerned that this year we failed to receive the previous notice.

This is a very small, family owned and operated janitorial service company and we try very hard to keep all our records in order, however this time we didn't notice not getting the report as we have every year since 1984, or we would have called sooner.

Business has not been very good this year and right now it's anybody's guess as to what may happen economically.

I respectfully request that the reinstatement fee be waived, and accept our check for \$150.00.

I thank you in advance for your understanding.

Sincerely,



Carlos A. Lopez
President

CAL/snl