

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38656

1. Corporation Name

JANITOR CLOSET USA, INC

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

206 EASTON DRIVE

Suite, Apt. #, etc.

City & State

LAKE LAND, FLORIDA

Zip

33803

Country

POLK

3. Mailing Office Address

206 EASTON DRIVE

Suite, Apt. #, etc.

City & State

LAKE LAND, FLORIDA

Zip

33803

Country

POLK

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/28/1989

5. FEI Number

650173548

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Wells

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

206 EASTON DRIVE

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33803

☒ The 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.

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

Richard Wells

Date

03-10-2008

REGISTERED AGENT MUST SIGN

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
CEO	DIEGO A MIRANDO	7790 OAK GROVE CIR	LAKE WORTH, FL 33467

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 contained in Chapter 119, 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:

Diego A. Mirando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

863-683-3745

Daytime Phone #

3/18/08