

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 ANITA B. MURTHA
 Secretary of State
 DIVISION OF CORPORATIONS

AB-97AR

FILED

97 FEB 21 AM 9:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L80747**

1. Corporation Name
M.C.C. JANITORIAL, INC.

Principal Place of Business

Mailing Address

3108 W. PARIS STREET
 TAMPA FL 33614
 US

3108 W. PARIS STREET
 TAMPA FL 33614
 US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/14/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3016989	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
D	ARNAO, DORIS T.	3108 W. PARIS ST.	TAMPA FL 33614
T.S.	PARVIS, ROBERT	3108 W. PARIS ST	TAMPA, FL 33614
			300002096663--3 02/25/97-01088-004 ****365.00 ****365.00
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ARNAO, DORIS T. 3108 W. PARIS ST. TAMPA FL 33614		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 _____ Date _____

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: *[Handwritten Signature]* **DORIS T. ARNAO** *2/18/97* **813-822-7830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)