PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 30 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23235

1. Corporation Name

B & B MAID & JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
2708 M AUSTRALIAN AVE SUITE S-7 WEST PALM BEACH FL 33407 US	2708 N AUSTRALIAN AVE S-7 WEST PALM BEACH FL 33407 US

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1985

5. FEI Number: 59-2819874 ☐ 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)

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
P	BROWN, MASON B., JR	131 HAWTHORNE DRIVE	LAKE PARK FL
V	BROWN, JIMMIE	5640 S.W. 4TH CT.	PLANTATION FL
S	BROWN, NINA CROSBY	131 HAWTHORNE DRIVE	LAKE PARK FL
T	BROWN, LINDA CARTER	5640 S.W. 4TH COURT	PLANTATION FL

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****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CONE, WILLIAM J., JR., ESQUIRE 514 S.E. 7TH STREET FT. LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (9/98)

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: William J. Cone SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 11-24-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Nina C. Brown SIGNATURE REQUIRED — 11-25-98 — 561 835-9136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NINA C. BROWN — Date — Daytime Phone #