

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB - 5 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000028163**

1. Corporation Name

Janitorial Resolve, Inc

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

117 E. Amelia St.

Suite, Apt. #, etc.

3. Mailing Office Address

117 E. Amelia St

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32801

Country

Zip

32801

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2000

5. FEI Number

650978624

☒ 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

Jamel Daniels

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

117 E. Amelia St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

☒ 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

Jamel Daniels
REGISTERED AGENT MUST SIGN

Date **2/1/08**

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
Pres ident	Robert David Baron	4145 Cornell RD	Agoura Hills. CA. 91301

4000118410834
02/20/08--01007--019 **150.00

4000118410834
02/20/08--01007--020 **900.00

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 individual's 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:

Robert David Baron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

619 508-0838

Daytime Phone #

2082

Dear , To Whom it May Concern

I am requesting a wavier of the state reinstatement fee because I never received my annual report or any other type of notices.

Thank You

Sincerely Yours

Robert Baron

A handwritten signature in cursive script that reads "Robert Baron". The signature is written in dark ink and is positioned below the printed name "Robert Baron".