


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION FOR REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV -2 AM 9:32

DOCUMENT # **P00000070456**

1. Corporation Name

**PRO JANITORIAL SERVICE, INC.**

2001  
LIBR

Principal Place of Business

Mailing Address

P.O. BOX 273150  
BOCA RATON FL 33427-3150

P.O. BOX 273150  
BOCA RATON FL 33427-3150



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

07/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ANDRADE, WILMA L	101 N. STATE RD.7, STE. 5	MARGATE FL 33063

200004696792--1  
-11/28/01--01031--012  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

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

*Wilma Andrade*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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:

*Wilma Andrade*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)

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October 30, 2001

TO: FLORIDA DEPARTMENT OF STATE.  
CORPORATION DIVISION.

FROM: PRO JANITORIAL SERVICE, INC.

SUBJECT: ANNUAL REPORT

ENCLOSE PLEASE FIND A CHECK FOR ONE HUNDRED AND FIFTY DOLLARS TO  
ACTIVATE MY CORPORATION I DIDN'T RECEIVE MY FIRST REPORT PLEASE  
ACCEPT THIS CHECK AND THE ENCLOSE REPORT WHICH WAS THE 2 NOTICE I  
RECEIVED FROM YOU THANK YOU AND PLEASE LET ME THE STATUS OF THIS  
CORPORATION AS SOON AS POSSIBLE.

THANK YOU

WILMA ANDRADE

