

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 18 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000107387

**1. Corporation Name**

JANITROL EXPRESS, INC

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

37 North Orange Ave

Suite, Apt. #, etc.

Suite 500

City & State

ORLANDO, FL

Zip

32801

Country

ORANGE

**3. Mailing Office Address**

37 North Orange ave

Suite, Apt. #, etc.

Suite 500

City & State

ORLANDO, FL

Zip

32801

Country

ORANGE

**REINSTATEMENT**  
CR2E081 (12/07)

03-08

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

11/17/2000

**5. FEI Number**

651054998

☒ 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

AL GUEDIRA

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

37 North Orange

Suite, Apt. #, Etc.

Suite # 500

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3/17/08

**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
CEO	ELDINE B MONTAUBAN	27 Thompson Ave	BROCKTON, MA 02301

900121254659  
03/25/08--01056--017 \*\*\*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 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:

*[Signature]*

3-8-08

Date

407-926-2443

Daytime Phone #

3/18/08