

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110965

**1. Corporation Name**

GLORY CLEANING SERVICES, INC.

**2. Principal Office Address**

6535 MITFORD ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

**3. Mailing Office Address**

P.O. BOX 19402

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32245

Country

USA

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

12/2000

**5. FEI Number**  
59-3758758

☒ 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

YVONNE A. JOHNSON

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

6535 MITFORD ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State  
FL

Zip Code  
32210

**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

*Yvonne A. Johnson*  
REGISTERED AGENT MUST SIGN

Date

4/15/04

**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
P	YVONNE A. JOHNSON	6535 MITFORD RD	JACKSONVILLE, FL 32210

REINSTATEMENT 03-04

**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 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:

*Yvonne A. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/04

Daytime Phone #

(904) 716-2170

CR2E081 (01/04)

payor

*Glory Cleaning Service, Inc.*

6535 Mitford Road, Jacksonville, FL 32210

P.O. Box 19402, Jacksonville, FL 32245

office: (904) 716-2170

April 15, 2004

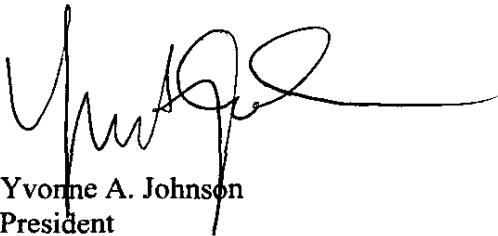
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To whom it may concern:

I am writing to have my corporation reinstated, we did not receive the annual reports for 2003 and 2004, so therefore we are asking to wave the reinstatement fee. I am enclosing \$300.00 for cost for annual reports for 2003 and 2004.

Thank you for your cooperation, if you have any question or concerns please call me at (904) 716-2170.

Thank you,



Yvonne A. Johnson  
President