

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009483

1. Corporation Name

TVY JANITORIAL SERVICES, INC.

Principal Place of Business

14615 SW 47TH TERRACE
MIAMI FL 33175

Mailing Address

14615 SW 47TH TERRACE
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

1943 SW 8th Street

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33135

Country

3. New Mailing Office Address, If Applicable

1943 SW 8th Street

Suite, Apt. #, etc.

City & State

MIAMI, FL 33135

Zip

33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2001

5. FEI Number

65-1072819

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CEDENO, JOEL	14615 SW 47TH TERRACE	MIAMI FL 33175

8. Name and Address of Current Registered Agent

CEDENO, JOEL
14615 SW 47TH TERR
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

ARMANDO GARCIA

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

1943 SW 8th STREET

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33135

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-25-02

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:

SIGNATURE REQUIRED
JOEL CEDENO - Pres.

10-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)