

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 20 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058632

1. Corporation Name

JANITORIAL SERVICE GROUP OF CENTRAL FLORIDA, INC.

600113557366

01/02/08--01043--003 **600.00

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

117 E. AMELIA ST

3. Mailing Office Address

117 E. AMELIA ST

Suite, Apt. #, etc.

STE. 100A

Suite, Apt. #, etc.

STE. 100A

City & State

ORLANDA, FL.

City & State

ORLANDA, FL.

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2001

5. FEI Number

59-3724689

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
PHILIP LEADER

Street Address (P.O. Box Number is Not Acceptable)
2822 S. ALAFAYA TRAIL

Suite, Apt. #, Etc.
STE. 160

City
ORLANDA

State
FL

Zip Code
32828

☒ 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

Philip Leader

REGISTERED AGENT MUST SIGN

Date 12/17/2007

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	RONALD E. GARCIA	6625 WILBUR AVE #16	RESEDA, CA. 91335

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:

Ronald E. Garcia

RONALD E. GARCIA

12/17/2007

888-753-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #