PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063955

500037942575
06/14/04--01060--004 **900.00

1. Corporation Name
JANITORIAL INC.

2. Principal Office Address	3. Mailing Office Address
2575 OLD MOULTRIE RD	2575 OLD MOULTRIE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State: St. AUGUSTINE, FL
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-10-02

5. FEI Number: 02-0628435 Applied For ☐
P02000063955 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: CHARLES E. PELLICER

Street Address (P.O. Box Number is Not Acceptable): 28 CORDOVA ST.

Suite, Apt. #, Etc.:

City: ST. AUGUSTINE State: FL Zip Code: 32084

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 _____ Date: June 11, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DIR	ROBERT ACTON	2575 OLD MOULTRIE Rd	St. Augustine, FL 32086
DIR	JOSEPH Ashworth	337 ORENDA RD.	St. Augustine, FL 32086
DIR	BEVERLY ACTON	2575 OLD MOULTRIE Rd	St. Augustine, FL 32086
		REINSTATEMENT 02-04	

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: Joseph C. Ashworth 6-11-2004 904-501-7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #