

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 11 PM 2:05

DOCUMENT # P020000 66823

1. Corporation Name

Jah Janitorial Services Inc.

400036994574
05/21/04--01059--011 **900.00

REINSTATEMENT 03-04

2. Principal Office Address

616 Capehart Dr.

Suite, Apt., etc.

City & State

Orlando Fl.

Zip

32822

Country

Orange

3. Mailing Office Address

P.O. Box

Suite, Apt., etc.

570478

City & State

Orlando Fl.

Zip

32857

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

6-17-02

5. FEI Number

02-0617481

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

Jose F. R. Diaz

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

616 Capehart Drive

Suite, Apt., Etc.

City

Orlando

State

FL

Zip Code

32822

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

REGISTERED AGENT MUST SIGN

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.V. 1/5	Jose F. R. Diaz	616 Capehart Drive	Orlando Fl. 32822

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 (407 381-21 68

CR2E081 (01/04)