

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 31 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000083076

**1. Corporation Name**

Alljax Janitorial Supply and Equipment, Inc

**2. Principal Office Address**

5730 Bowden Road

Suite, Apt. #, etc.

101

City & State

Jacksonville, Florida

Zip

32216

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

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

**5. FEI Number**

20-0001113

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

FORD, JETER, BOWLUS, DUSS

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

10110 SAN JOSE BLVD

600024343836

10/31/03--01108--019 \*\$15.00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

**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

*Michael Bowlus v.p. Ford, Jeter, Bowlus et al*

REGISTERED AGENT MUST SIGN

Date 10/28/03

**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 & D	Jerry Stanley	2117 Pond Spring Way	Orange Park, FL 32003
VP & D	Jan Ethridge	1712 Bristlecone Pine PL	Jacksonville, FL 32225

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03

Date

904-759-4485

Daytime Phone #

CR2E081 (10/02)



5730 BOWDEN ROAD SUITE 103 JACKSONVILLE, FLORIDA 32216  
(904) 636-6161 636-6162 (Fax) 636-6167

MEMORANDUM

To: Division of Corporations  
From: Jerry Stanley

Subj: WAIVER OF PENALTY

1. We hereby request waiver of the penalty for corporate reinstatement. We do not recall ever receiving notification to file. We are unsure whether the application to file was mailed to our old address at 5015 Philips Highway or to our registered agent, Ford Jeter Bowlus and Duss. This is an honest oversight and the penalties are substantial. We would still be clueless to this requirement had not a potential customer brought this to our attention.
2. Again, we hereby request a waiver this one time and assure you to pay closer attention to this annual procedure. We have also discussed this issue with our attorney and accountant to assist us in this procedure.
3. Please call me at 904-759-4485 for further questions or inquiry. Your assistance in this matter and one time waiver will be greatly appreciated.

Sincerely



Jerry Stanley