

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1 82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

04 NOV -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093728

1. Corporation Name

AllStar Janitorial of Citrus County, Inc.

2. Principal Office Address

4001 E. Heatherwood St.

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34452

Country

Citrus

3. Mailing Office Address

P.O. Box 2724

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34451

Country

Citrus

REINSTATEMENT

04

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

8/27/2002

5. FEI Number

16-1629089

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

Mark Certain

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

4001 E. Heatherwood St.

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34452

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

Mark Certain

Date 10/28/04

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/T/D	Mark Certain	4001 E. Heatherwood St.	Inverness, FL 34452
V/S/D	Shirley Certain	4001 E. Heatherwood St.	Inverness, FL 34452

200042360462
11/01/04--01062--017 **150.00

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:

Shirley Certain

Shirley Certain

Oct. 28, 2004

352-344-8567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E081 (01/04)

61-11
ps 282

Document # P02000093728
ALLSTAR JANITORIAL OF CITRUS COUNTY, INC.
P.O. BOX 2724
INVERNESS, FL 34451
(352) 344-8567
Cellular: (352) 422-5956

DATE: OCTOBER 28, 2004

TO: DEPARTMENT OF STATE

FROM: MARK CERTAIN, PRESIDENT AND SHIRLEY CERTAIN, VICE-PRESIDENT

RE: WAIVER OF REINSTATEMENT FEE

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE ANNUAL REPORT NOTICES.

ALSO, WE WERE IN THE PATH AND AFFECTED BY BOTH HURRICANES FRANCES AND JEANNE. WE WERE WITHOUT POWER AND UNABLE TO WORK FIVE DAYS WITH FRANCES AND THREE DAYS WITH JEANNE.

THE WAIVER OF THE REINSTATEMENT FEE IS VERY APPRECIATED AND NEEDED BY OUR SMALL BUSINESS. I WILL MARK THE DATE ON MY CALENDAR AND MAKE SURE THAT WE HAVE THIS PAID ON TIME IN THE FUTURE.

THANK YOU FOR YOUR HELP.

Mark Certain

MARK CERTAIN
PRESIDENT