


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000125354		
1. Entity Name AMERICAN JANITOR, INC.		

Principal Place of Business 4951 PINE KNOTT LANE WEST PALM BEACH, FL 33417	Mailing Address 4951 PINE KNOTT LANE WEST PALM BEACH, FL 33417
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2. Principal Place of Business 1770 18TH AVENUE NO.	3. Mailing Address 1770 18TH AVE. NO
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH, FL.	City & State LAKE WORTH, FL
Zip 33460	Country U.S.A.

FILED
05 SEP 22 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092005 REIN-P CR2E098 (6/04)

4. FEI Number 14-1858281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACHADO, ARNALDO V 4951 PINE KNOTT LANE WEST PALM BEACH, FL 33417	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1770 18TH AVE. NO. City LAKE WORTH FL Zip Code 33460	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, ARNALDO V 4951 PINE KNOTT LANE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1770 18TH AVE NO. LAKE WORTH, FL. 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059871324 09/22/05--01042--004 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ARNALDO V. MACHADO 09/12/05 (361)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

September 12, 2005

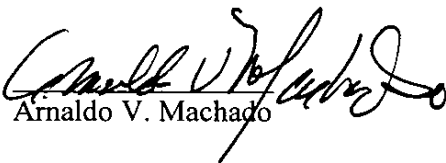
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: AMERICAN JANITOR, INC.
P02000125354
Reinstatement

To Whom It May Concern:

Enclosed find check for \$300.00 to pay for the 2004 & 2005 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,


Arnaldo V. Machado