

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 16 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127776

1. Corporation Name

NETWORKING JANITORIAL MAINTENANCE, INC.

500115315275
01/16/08--01037--022 **1358.75

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box #

2040 NE 163 STREET

Suite, Apt. #, etc.

206

City & State

N. MIAMI BEACH FLORIDA

Zip

33162

Country

USA

3. Mailing Office Address

P. O. BOX 530373

Suite, Apt. #, etc.

City & State

MIAMI-SHORES FLORIDA

Zip

33153

Country

USA

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

01/01/2003

5. FEI Number

03-0496904

☒ 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

MARIE DARLINE CENE

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

120 NE 151 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33162

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Marie Darline Cene
REGISTERED AGENT MUST SIGN

Date 01/12/2008

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
PR	MARIE DARLINE CANE	120 NE 151 STREET	MIAMI FL. 33162
OFFI	LIVINS JEAN	280 EAST DRIVE	N. MIAMI BEACH FL. 33162

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 contained in Chapter 119, 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:

Livins Jean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/08