

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 13 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000031235

1. Corporation Name

Janitorial Professional Services Inc.

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

2385 NW EXECUTIVE CENTER

Suite, Apt. #, etc.

DR suite 100

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BEACH

3. Mailing Office Address

2385 NW EXECUTIVE CENTER

Suite, Apt. #, etc.

SUITE 100

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/2003

5. FEI Number

331054055

☒ 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

Robert Brown

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

2385 NW EXECUTIVE CENTER DR

Suite, Apt. #, Etc.

SUITE 100

City

BOCA RATON

State

FL

Zip Code

33431

☒ 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

Robert Brown

REGISTERED AGENT MUST SIGN

Date

3/6/08

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
Pres.	Matt Cook	1600 11 th Ave NE	Jamestown ND 58401

800121251518
03/29/08--01053--018 **300.00

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 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:

Matthew Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-08

Daytime Phone #

KS