

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000122832

1. Entity Name
M.G. JANITORAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 9:01

Principal Place of Business
12919 S.W. 59TH TERR
MIAMI, FL 33183

Mailing Address
12919 S.W. 59TH TERR
MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #

18111 SW 137ct

3. Mailing Address

18111 SW 137ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.



5/30/07 90006 024 \$150.00
04242008 REIN-P CR2E098 (1/07)

City & State

MIAMI FLA.

City & State

MIAMI, FLA

4. FEI Number

65-1231978

Applied For

Not Applicable

Zip

33177

Country

USA

Date

Zip

33177

Country

USA

Date

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARLEN
12919 S.W. 59TH TERR
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name GARCIA, MARLEN

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

18111 SW 137ct

City

MIAMI, FLA.

FL

Zip Code

33177

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-08

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME GARCIA, MARLEN
STREET ADDRESS 12919 S.W. 59TH TERR
CITY-ST-ZIP MIAMI, FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone: #

305342-0112

4/30/08