

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000135562

1. Corporation Name

Janitorial Executive  
Services, Inc.

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

117 E. Amelia St.

Suite, Apt. #, etc.

#102

City & State

Orlando, FL.

Zip

Country

32801

USA

3. Mailing Office Address

117 E. Amelia St.

Suite, Apt. #, etc.

#102

City & State

Orlando, FL.

Zip

Country

32801

USA

7. Name and Address of Current Registered Agent

Name

Trent Cameron

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

117 E. Amelia St.

Suite, Apt. #, Etc.

#102

City

Orlando, FL.

State

FL

Zip Code

32801

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11-7-07

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
President	Jesse J. Angress	8180 Mannix Dr. <del>Los Angeles, CA</del>	Los Angeles 90046

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:

*[Signature]*

Jesse Angress

11-17-07

(818)

720-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2007 NOV -9 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

600112460676  
11/20/07--01034--013 \*\*\$600.00

REINSTATEMENT

CR2E081 (1/07)

07

4. Date Incorporated or Qualified  
To Do Business in Florida

9-29-04

5. FEI Number

412155243

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

☒ 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.