

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PO4000143144  
GND Construction Cleaning & Sanitization  
Service Corp.

FILED

08 SEP 15 AM 10:05

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

100135851601  
09/15/08--01045--011 \*\*600.00

**REINSTATEMENT** 05-08

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

13116 Alexandria drive

Suite, Apt. #, etc.

142

City & State

Opa Locks, Florida

Zip

33054

Country

U.S.

3. Mailing Office Address

13116 Alexandria drive

Suite, Apt. #, etc.

142

City & State

Opa Locks Florida

Zip

33054

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

10-18-2004

5. FEI Number

11-3730154

☐ 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

Gary Johnson

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

13116 Alexandria drive

Suite, Apt. #, Etc.

142

City

Opa Locks

State

FL

Zip Code

33054

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-8-08

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
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P	Gary Johnson	13116 Alexandria drive #142	Opa Locks FL 33054
V.P.	Damien Hudson	13124 Port Said # 252	Opa Locks FL 33054

\$79/PL

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] Gary Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-08

Date

766 337 3344

Daytime Phone #