2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000113383									. ئد		
1. Entity Name								E11			
T-BAY JANITORIAL SERVICES INC.						FILED O7 APR 20 PH 3:55					
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Principal Place of Business			Mailing Address				SEC.	RETARY AHASSE	119	≯ 5 5	
12205 N BOULEVARD TAMPA, FL 33612 US			12205 N BOULEVARD TAMPA, FL 33612 US			WAK	TALL	AHACCE	OF STA	ATE	
TAIWITA, 11 33012 03			Man A, LE 3301E 03			1 NV		422E	-, FLO	RIDA	
2. Principal Place of Business - No P O. Box #			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			SIMIEN	Company	8 (4)64	∪ / \// γ	
City & State			City & State			4. FEI Numb	oer			plied For Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name											
PEREZ, EI 12205 N B		PD.	Str	Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, F		ND	-			·		·			
				Cit	ty			FL	Zip Codi	e	
9 The above	named entit	tu submits this statement f	or the purpose of changing its	registered of	fice or registe	red agent or br	oth, in the State of Flo		niliar with	and accent	
	tions of regis		or the purpose of changing its	registered on	nce or registe	aca agent, or oc	Siri, ii) tale state of the	indu. Tamila	TIIII (31 171117)	ana assapr	
SIGNATURE											
Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE											
In accordance with s. 607.193(2)(b), F.S., the											
Fil	LE NOW!!	! FEE IS \$300.00					corporation did i				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	 /CHANGES TO OFFI	CERS AND D	RECTORS	S IN 11	
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NAME	PEŘEZ, 8		•	NAME	12	205	Cals N. Boul	evard	` \ \ I	n .	
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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.											
SIGNATUREX Cause Fees EvillA PEREZ											
SIGNAL	OKEN	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	•		Date	Day	lime Phone #		