

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 01, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P05000163775

1. Corporation Name

Success Janitorial Services, Inc

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

730 Hendry Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

730 Hendry DR

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32822

Country

USA

City & State

ORLANDO FL

Zip

32822

Country

USA

REINSTATEMENT CR2E081(1/07) 06/07

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-15-05

5. FEI Number

020762839

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

Sandra Martin

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

341 ALISON Daphne Cir

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32833

☒ 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

Sandra Martin

REGISTERED AGENT MUST SIGN

Date 10/25/07

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
	<u>P. Thanh Huynh</u>	<u>730 HENDRY DR.</u>	<u>ORL FL 32822</u>

100111586141
11/01/07--01041--007 **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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-07

Date

Daytime Phone #

B. Mitchell NOV 2 2007