

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P06000082746

1. Entity Name
NEW IMAGE JANITORIAL SERVICES, INC.



Principal Place of Business
1524 VERDUM BLVD.
TALLAHASSEE, FL 32304

Mailing Address

1524 VERDUM BLVD.
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10012008 REIN-P CR2E098 (1/07)

4. FEI Number **20-5001564** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, PAULINE
1524 VERDUM BLVD.
TALLAHASSEE, FL 32304

Name

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

City

FL Zip Code

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 *Pauline Washington*
Signature, typed or printed name of registered agent and title if applicable.

10-01408

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME WASHINGTON, PAULINE
STREET ADDRESS 1524 VERDUM BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME WASHINGTON, JOHNNIE
STREET ADDRESS 1524 VERDUM BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

Change Addition

300136618373
10/03/08--01054--011 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Pauline Washington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-01408 (85) 575-7214

Date

Daytime Phone #

10/11 w