

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000107648

1. Entity Name  
J & I MASTER CLEANING CORP



FILED

2007 NOV -1 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3518 PONCE DE LEON BLVD  
NORTH PORT, FL 34286

Mailing Address

3518 PONCE DE LEON BLVD  
NORTH PORT, FL 34286

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

13624 TAMiami TRAIL

3. Mailing Address

13624 TAMiami TRAIL

Suite, Apt. #, etc.

SKE. 193

Suite, Apt. #, etc.

SKE. 193

City & State

NORTHPORT, FL

City & State

NORTHPORT, FL

Zip

34287

Country

USA

Zip

34287

Country

USA

10252007

REIN-P

CR2E098 (1/07)

4. FEI Number

76-0836085

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JOSE U  
3518 PONCE DE LEON BLVD  
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

PEREZ, JOSE U.

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

13624 TAMiami TRAIL

SKE. 193

City

NORTHPORT

FL

Zip Code

34287

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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 PEREZ, INES  
STREET ADDRESS 3518 PONCE DE LEON BLVD  
CITY-ST-ZIP NORTH PORT, FL 34286 ☐ Delete

TITLE VP  
NAME PEREZ, JOSE U  
STREET ADDRESS 3518 PONCE DE LEON BLVD  
CITY-ST-ZIP NORTH PORT, FL 34286 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PEREZ, INES ☒ Change ☐ Addition  
STREET ADDRESS 3518 PONCE DE LEON BLVD. #193  
CITY-ST-ZIP NORTHPORT, FL 34287

TITLE VP  
NAME PEREZ, JOSE U. ☒ Change ☐ Addition  
STREET ADDRESS 3518 PONCE DE LEON BLVD. #193  
CITY-ST-ZIP NORTHPORT, FL 34287

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/07 941-875-0626

Date

Daytime Phone #