


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000119310	
1. Entity Name JAROSLAV KARMAZIN JANITORIAL SERVICES, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 12:58

Principal Place of Business 230 WILSHIRE BLVD CASSELBERRY, FL 32707 US	Mailing Address 230 WILSHIRE BLVD CASSELBERRY, FL 32707 US
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2. Principal Place of Business - No P.O. Box # 230 Wilshire Dr	3. Mailing Address 230 Wilshire Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04042008 REIN-P CR2E098 (1/07)

City & State Casselberry, FL	City & State Casselberry, FL
Zip 32707	Country US

4. FEI Number 20-5548987	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARMAZIN, JAROSLAV 230 WILSHIRE BLVD CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name Jaroslav Karmazin Street Address (P.O. Box Number is Not Acceptable) 230 Wilshire Dr City Casselberry FL Zip Code 32707
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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: X Jaroslav Karmazin
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARMAZIN, JAROSLAV 230 WILSHIRE BLVD CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 Wilshire Dr Casselberry, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTWRIGHT, PATTI 230 WILSHIRE BLVD CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 Wilshire Dr. Casselberry, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300126961233 04/30/08--01003--017 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Jaroslav Karmazin JAROSLAV KARMAZIN 4-7-08 407-265-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #