

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000037577

**FILED**  
**Oct 08, 2008**  
**Secretary of State**

**Entity Name:** DIRECT JANITORIAL & MANAGEMENT, INC.

**Current Principal Place of Business:**

658 SW MUNJACK COVE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

658 SW MUNJACK COVE  
PORT SAINT LUCIE, FL 34986 US

**Current Mailing Address:**

658 SW MUNJACK COVE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

658 SW MUNJACK COVE  
PORT SAINT LUCIE, FL 34986 US

**FEI Number:** 20-2241469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

CRUZ, MARCELO A  
658 SW MUNJACK COVE  
PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE: MARCELO A. CRUZ

10/08/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CRUZ, MARCELO A  
Address: 658 SW MUNJACK COVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CRUZ, MARCELO A  
Address: 658 SW MUNJACK COVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO A. CRUZ

PD

10/08/2008

Electronic Signature of Signing Officer or Director

Date