

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 DEC 16 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087553

1. Corporation Name

Key Code K157408041

PIONEER JANITORIAL SERVICE OF SUWANNEE
VALLEY, INC

2. Principal Office Address - No P.O. Box #
13333 76th Terrace

3. Mailing Office Address
P. O. Box 431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Live Oak, FL 32060

City & State

City & State

32060

Live Oak, Florida

Zip

Country

Zip

Country

32060

usa

32064

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-01-1994

5. FEI Number

59 3217900

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

Joseph H. Johnson

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

13333 76th Street: PO Box 431

Suite, Apt. #, etc.

City

Live Oak

State

FL

Zip Code

32064

700254738217
12/16/13--01002--002 **150.00

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

Joseph H. Johnson

REGISTERED AGENT MUST SIGN

Date 12-9-2013

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
Pres	Joseph H. Johnson	13333 76th Terrace	Live Oak, FL 32060
VP	Carol A. Johnson	13333 76th Terrace	Live Oak, FL 32060
D	Richard M. Johnson	7030 SR 249	Live Oak, FL 32060
D	Bryan P. Johnson	507 Suwannee Avenue	Live Oak, FL 32064
REINSTATEMENT			S. HAWKES
2013-13			DEC 16 2013

10. E-mail Address: johnsonj@windstream.net

(To be used for future annual report notification)

EXAMINED

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Joseph H. Johnson

Joseph H. Johnson

12/09/2013

Date

Daytime Phone #