PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012772

1 Corporation Name

PENA JANITORIAL SERVICE, INC.

Principal Place of Business	Mailing Address
2885 PALM BEACH BLVD. #304A FT. MYERS FL 33916	2885 PALM BEACH BLVD. #304A FT. MYERS FL 33916

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 2885 Palm Bch. Blvd 304 A	Suite, Apt. #, etc. SAME
City & State Ft Myers FL.	City & State SAME
Zip 33916 Country Lee	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 02/13/1995

5. FEI Number 65-0488677 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PENA, CELIO	2885 PALM BEACH BLVD. #304A	FT. MYERS FL 33916

500002022275 3
-12/06/96--01067--006
****375.00 ****375.00

DB12-5-96

8. Name and Address of Current Registered Agent

PENA, CELIO
2885 PALM BEACH BLVD. #304A
FT. MYERS FL 33916

9. Name and Address of New Registered Agent

Name SAME N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. SAME
City State FL Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 9. 19. 96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED 9. 19. 96. 941.3347564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063169 AF