

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000073967

FILED  
Oct 05, 2009  
Secretary of State

**Entity Name:** DEPENDABLE JANITORIAL & BUILDING MAINTENANCE, INC.

**Current Principal Place of Business:**

550 BONITO AVE  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2546  
KEY LARGO, FL 33037 US

**New Mailing Address:**

**FEI Number:** 65-0533099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSTEN, NORA A  
550 BONITO AVE  
KEY LARGO, FL 33037 US

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

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: NORA OSTEN

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: T ( ) Delete  
Name: DUDLEY, SHAWN  
Address: 550 BONITO AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: P/S ( ) Delete  
Name: OSTEN, NORA  
Address: 550 BONITO AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: VP ( ) Delete  
Name: OSTEN, BRIAN  
Address: 1501 N69TH TERR  
City-St-Zip: HOLLYWOOD, FL 33024

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORA OSTEN

Electronic Signature of Signing Officer or Director

P/S

10/05/2009

Date