

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012772

1. Corporation Name

PENA JANITORIAL SERVICE, INC.

W04-12772

Principal Place of Business

Mailing Address

~~2885 PALM BEACH BLVD. #304A~~
~~FT. MYERS FL 33916~~

~~2885 PALM BEACH BLVD. #304A~~
~~FT. MYERS FL 33916~~

5141 Santa Rosa Ct / 5141 Santa Rosa Ct
Cape Coral FL 33904 / Cape Coral FL 33904

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

2. New Principal Office Address, If Applicable

5141 SANTA ROSA CT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

← SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

5. FEI Number

65-0488677

Applied For

Not Applicable

City & State

CAPE CORAL - FL

City & State

Zip

33904

Country

USA

Zip

Country

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 3	City / State / Zip 4
D	PENA, CELIO	2885 PALM BEACH BLVD. #304A SAME AS ABOVE	FT. MYERS FL 33916
S/T	PENA, ANA M	2885 PALM BEACH BLVD. #304A	FT. MYERS FL 33916

000033473740
04/21/04--01072--006 **508.75

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

CELIO PENA

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

5141 SANTA ROSA CT

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

CELIO PENA

REGISTERED AGENT MUST SIGN

Date 04.20.04

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELIO PENA

Date

04.20.04

Daytime Phone #

941.542.2147

CR2E040 (8/00)