

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 31 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016508

1. Corporation Name

Quality Control Janitorial, Inc

2. Principal Office Address

4212 Oak Lane

Suite, Apt. #, etc.

3. Mailing Office Address

4212 Oak Lane

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

St. Johns

Zip

32086

Country

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/1995

5. FEI Number

59-3288533

☐ 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

Robert L. Jones

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

4212 Oak Lane

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

Robert L. Jones

REGISTERED AGENT MUST SIGN

Date

10/23/06

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 |
|--------|--------------------------------------|---|-------------------------|
| D | LINDA S. JONES | 4212 Oak Lane | St. Augustine, FL 32086 |
| D | Robert L. Jones | 4212 Oak Lane | St. Augustine, FL 32086 |
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10. 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 contained in Chapter 119, 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:

Linda S. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06

Date

904-797-4611

Daytime Phone #

Oct 23, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

May we ask that the Late charges be waived
as we did not received notices for 2003 forward.

Sincerely,

Linda S. Jones
4212 Oak Lane
St. Augustine, FL 32086
(904) 797-4611

Attached: Check for \$600.00 + 8.75 for Certificate of Status
ck# 4289