

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063305

1. Corporation Name

Shine Janitor, Inc.

2. Principal Office Address - No P.O. Box #

11464 N.E. 88th Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gardens, Florida

City & State

Zip

33016

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Joaquin M. Pena

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

11464 N.E. 88th Ave.

Suite, Apt. #, Etc.

City

Hialeah Gardens

State

FL

Zip Code

33016

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

Joaquin M. Pena
REGISTERED AGENT MUST SIGN

Date 7-28-09

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
PSD	Joaquin M. Pena	11464 N.E. 88th Ave.	Hialeah Gardens, FL 33016
	<i>B 8/3</i>		

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:

Joaquin M. Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-09

Date

Daytime Phone #

FILED

09 JUL 31 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/23/08 90003 015 \$150
700159082087
07/30/09--01056--001 **150.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/96

5. FSI Number
65-0682790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.