

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 14 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 097000022710

1. Corporation Name

JCP QUALITY CLEANING SERVICE, INC.

2. Principal Office Address

4460 FOXGLOVE LANE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

09-00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/7/97

5. FEI Number

65-0742335

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

KEVIN HAGEN

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

3531 GRIFFIN RD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

8. I, being a \_\_\_\_\_, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/11/00

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---|
| PRES   | JEFFREY SCHWARTZ                     | 4460 FOXGLOVE LANE                                | WESTON FL 33331   |
|        |                                      |   | 800003369913-1<br>08/23/00 01082-028<br>****300.00 ****300.00 |
|        |                                      |   |   |
|        |                                      |   |   |
|        |                                      |   |   |

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 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

Date

Daytime Phone #

5/24/00

(954) 525-1810

KE

CR2E081 (9/99)