

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076848

1. Corporation Name

EXPERT JANITORIAL SERVICE CORP.

Principal Place of Business

Mailing Address

4519 FLAGLER AVE.
KEY WEST FL 33040

4519 FLAGLER AVE.
KEY WEST FL 33040



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

2. New Principal Office Address, If Applicable

3519 Flagler Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1997

5. FEI Number

65-0783393

Applied For

Not Applicable

City & State

Key West FL

City & State

Key West FL

Zip

33040

Country

USA

Zip

33040

Country

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Pres	Janusz Sokolowski	3519 Flagler Ave	Key West FL 33040

600002712526-3

-12/15/98--01033--009

****150.00 ****150.00

11/18/98

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Janusz Sokolowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

Daytime Phone #

CR2E040 (9/98)

Expert Janitorial Service Corp.

P.O. Box 956
Key West, FL 33041
(305) 296-2351

December 7, 1998

State of Florida
Department of State

Dear Sir or Madam:

I have spoken to someone in your office that said that the excess fee would be waived one time because our address was incorrect in your computer. This has been corrected and we will be in compliance in the future.

Thank you for your kind assistance.

Sincerely,

Janusz Sokolowski, Pres.

