

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000005010**

1. Corporation Name

M&A JANITORIAL SERVICE, INC.

Principal Place of Business

**1544 W. 34TH STREET
JACKSONVILLE FL 32209**

Mailing Address

**P.O. BOX 43425
JACKSONVILLE FL 32203**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1998

5. FEI Number

59-3490249

Applied For

Not Applicable

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	HAMMOND, MEDINAH	1544 W. 34TH STREET	JACKSONVILLE FL 32209
D	HAMMOND, ARTHUR	1544 W. 34TH STREET	JACKSONVILLE FL 32209

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-11/21/01--01085--004

******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**HAMMOND, MEDINAH
1544 W. 34TH STREET
JACKSONVILLE FL 32209**

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
Medinah Hammonds
REGISTERED AGENT MUST SIGN

Date

10-27-00

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 REQUIRED
Medinah Hammonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-00

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 31 PM 12:38



REINSTATEMENT

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CRS040 (8/01)

M & A Janitoial Service Inc.
1544 W. 34th Street
Jacksonville, Florida 32209
Bus. Phone # 904-713-9020/ Fax # 904-713-9865

To whom it may concern:

I, Medinah Hammonds, (M & A Janitorial Services Inc.) was not aware that my secretary, which was responsible for sending off all my bills, did not send off my payment for my corporation. I apologize for the late payment.

Thank You,
Medinah Hammonds
Medinah Hammonds