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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000008861 1. Corporation Name JANITORS USA INC.					
2. Principal Office Address - No P.O. Box # 6625 Miami Lakes Dr Suite, Apt. #, etc. Suite 402 City & State Miami Lakes FL Zip 33014 Country		3. Mailing Office Address 6625 Miami Lakes Drive Suite, Apt. #, etc. Suite 402 City & State Miami Lakes FL Zip 33014 Country		FILED 08 FEB 13 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
7. Name and Address of Current Registered Agent Name Richard Wells Street Address (P.O. Box Number is Not Acceptable) 6625 Miami Lakes Drive Suite, Apt. #, Etc. Suite 402 City Miami Lakes State FL Zip Code 33014				REINSTATEMENT 03-08 CR2E081 (12/07) 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 593488191 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.	
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 <u>Richard Wells</u> Date <u>02-12-08</u> REGISTERED AGENT MUST SIGN					
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		
President	Rosalinda Fuller	1519 Sheridan Ave N	MPLS, MN 55411		
			700120013207 03/12/08--01005--018 **1100.00		
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 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: <u>Rosalinda Fuller</u>		<u>2/12/08</u>		<u>612-529-0078</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Dear, Florida State Department

I am requesting a wavier of the State reinstatement fee please . I never received my annual report or any notices.

Thank You
Sincerely Yours
Rosalinda Fuller