

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 13 PM 4:00

DOCUMENT # P98000049613

1. Corporation Name

CFM JANITORIAL, INC

2. Principal Office Address

4105 W. Hillsborough Ave.

Suite, Apt. #, etc.

Unit 673

City & State

Tampa, FL 33614

Zip

Country

3. Mailing Office Address

P.O. BOX 262615

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

Country

33685-2615

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06-01-1998

5. FEI Number

59-3522546

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

HAROLD L. BISHOP

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

20240 LAKE EDGE LANE

Suite, Apt. #, Etc.

City

LUTZ,

State  
FL

Zip Code  
33549

200004739862-1

-12/26/01--01096--06

\*\*\*\*450.00 \*\*\*\*450.00

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

Harold L. Bishop

Date

12-10-01

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
P	HAROLD L. BISHOP	20240 LAKE EDGE LANE	LUTZ, FL 33549

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:

Harold L. Bishop

Harold L. Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-01

Daytime Phone #

Cell #

(813) 294-2598

(813) 949-2571

CR2E081 (9/00)