

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

AND  
FILED

01 JUN 21 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P 99000018305

**1. Corporation Name**

V & V JANITORIAL SERVICES, INC

**2. Principal Office Address**

5800 BARNES RD

**3. Mailing Office Address**

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32216

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/25/99

**5. FEI Number**

59-3558708

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

Computax Service Inc. / ELENA KOTOMIN

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

25 OLD KING'S RD STE B-C

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32187

**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

*[Signature]*

Date

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
PRES	VITALIK CHERMYSHOV	5800 BARNES RD STE 108	JACKSONVILLE FL 32218
			mw

**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

*[Signature]*  
PRESIDENT  
VITALIK CHERMYSHOV

06.18.01

Date

Daytime Phone #

(SPC) 446-2922

CR2E081 (9/00)