NOV-16-2001 [illegible] ENTRE CORP 3 5 541 377[illegible] P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 19 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000040609

1. Corporation Name
REFLECTIONS JANITORIAL, CORP

2. Principal Office Address	3. Mailing Office Address
4370 SW 114 COURT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLA	City & State: SAME
Zip: 33165 Country: DADE	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/29/1999

5. FEI Number: 65-0919313 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RAFAEL PEROZO

Street Address (P.O. Box Number is Not Acceptable): 4370 SW 114 COURT

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33165

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] REGISTERED AGENT MUST SIGN Date: 11/16/01

CR2E031 (3/00)

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	RAFAEL PEROZO	4370 SW 114 COURT	MIAMI, FL 33165

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] 11/16/01 305-221-4956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02

Charter Number Only

11/16/01

H. FERRAZ

Requestor's Name

1030 E. 4 AVE.

Address

Hialeah FL 33010

City State ZIP Phone

888-8141A

VALIDATION ONLY

CORPORATION(S) NAME

Reflections Janitorial, Corp.

RECEIVED
01 NOV 19 AM 9:35
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(✓) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(✓) Walk In ( ) Will Wait (✓) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028