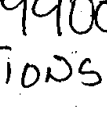


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	
DOCUMENT # P99000040609					
1. Corporation Name REFLECTIONS JANITORIAL, CORP					
2. Principal Office Address 4370 SW 114 COURT			3. Mailing Office Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FLA			City & State SAME		
Zip 33165		Country DADE		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 ☒				\$375 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 807.0505 or 817.0503, F.S.					
Signature of Registered Agent 				Date 11/16/01	
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	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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: 				Date 11/16/01 305-221-4956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Charter Number Only

VALIDATION ONLY

11/16/01

H. FERRAZ

Requestor's Name

1030 E. 4 AVE.

Address

Hialeah FL 33010

City

State

ZIP

Phone

888-8141A

CORPORATION(S) NAME

Reflections Janitorial, Corp.

DIVISION OF CORPORATION

01 NOV 19 AM 9:35

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- | | | |
|---|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☒ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
| ☐ Call When Ready | ☐ Will Wait | ☒ Pick Up |
| ☐ Walk In | ☐ After 4:30 | ☐ Mail Out |



Empire Toll Free: 1-800-432-3028

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Availability
Document
Examiner
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Verifier
Acknowledgment
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