

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000044743

1. Corporation Name

KRYSTAL JANITORIAL SERVICES, CO

Principal Place of Business

Mailing Address

1595 N.E. 135 STREET
MIAMI FL 33161

1595 N.E. 135 STREET
MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
43111 505 12 34 17

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State N. Miami Beach, FL

City & State N. Miami Beach, FL

Zip 33179

Country
MIAMI - DAOB

Zip 33179

Country Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida

05/17/1999

5. FEI Number

Applied For	
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65-0920231

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOLINA, GRACE
11230 SW 157 STREET
MIAMI FL 33157

Name STUART H. GLANSER
Street Address (P.O. Box Number is Not Acceptable)
12910 SW 84 STREET
Suite, Apt. #, Etc. _____

City	Miami, FL	State	FL	Zip Code	33183
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

Date 5/31/01

11. 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~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Remove Pins 4/30/61
PNS: Don Date Daytime Phone