

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 10 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S98284

1. Corporation Name

MERRILAR, INC.

Principal Place of Business

Mailing Address

3218 W AZEELE ST
TAMPA FL 33609

3218 W AZEELE ST
TAMPA FL 33609

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1991

5. FEI Number

59-3095697

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MILLER, JEFFREY L.	4916 BAYWAY DR	TAMPA FL 33629
D/PA	BRUNHILD, GORDON	13127 PRESTWICK DR	RIVERVIEW FL 33569
D	BRUNHILD, LIEBA GOLDA	3401 VALENCIA RD.	TAMPA FL 33618
			300002712523--3
			-12/15/98--01033--008
			***150.00 ***150.00
			12/15/98

8. Name and Address of Current Registered Agent

MILLER, JEFFREY L.
3218 W AZEELE ST
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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
REGISTERED AGENT MUST SIGN

Date

12/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/98

Daytime Phone #

(813)

677 7477

CR2E040 (9/98)

GORDON BRUNHILD
13127 PRESTWICK DR.
RIVERVIEW FL 33569

DEC. 4, 1998

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR SIR:

I HAVE ENCLOSED A CHECK FOR \$150.00 TO RENEW OUR CORPORATE LICENSE. MY SON MIKE BRUNHILD, BROKER CALLED YOUR OFFICE AND THE PERSON HE SPOKE TO WAS VERY HELPFUL AND FELT CERTAIN THAT THE CORPORATION COULD BE REINSTATED WITHOUT A LATE FEE BY WRITING THIS LETTER/EXPLAINING WHY WE ARE LATE IN FILING FOR THIS YEAR. TO THE BEST OF MY KNOWLEDGE WE HAVE FILED IN THE PAST ON A TIMELY BASIS.

THE PROBLEM IS THAT THE NOTICE DOES NOT COME DIRECTLY TO MY OFFICE, WHICH IS THE SAME AS MY SONS 3314 HENDERSON BLVD, OR TO MY HOUSE. THE NOTICE GOES TO DR. MILLER'S OFFICE 3218 W. AZEELE.

DR. MILLER IS A PHYSICIAN SPECIALIZING IN OSTEOPOROSIS. I AM AFRAID THAT MAIL SOMETIMES GETS MISPLACED IN HIS OFFICE. I AM A RETIRED PROFESSOR FROM THE UNIVERSITY OF SOUTH FLORIDA. I HOLD A SALESPERSON'S REAL ESTATE LICENSE AND MANAGE STADIUM PLAZA OFFICE BUILDING FOR KERRILLAR, INC.

THIS APPLICATION FOR REINSTATEMENT IS THE FIRST NOTICE THAT I HAVE RECEIVED. I RELY ON NOTIFICATION TO MEET DEADLINES.

Gordon Brunhild
GORDON BRUNHILD
PRESIDENT AND MANAGER OF STADIUM PLAZA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED
 98 DEC 10 AM 11:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000076848

1. Corporation Name

EXPERT JANITORIAL SERVICE CORP.

Principal Place of Business

Mailing Address

~~4519 FLAGLER AVE.~~
 KEY WEST FL 33040

~~4519 FLAGLER AVE.~~
 KEY WEST FL 33040



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

2. New Principal Office Address, If Applicable

3519 Flagler Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1997

5. FEI Number

15-0783393

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Janusz Sakolowski	3519 Flagler Ave	Key West FL 33040

680002712526-3
 -12/15/98-01033-009
 *****150.00 *****150.00

11/18/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

ATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on Intangible tax.)

12. 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)(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

Janusz Sakolowski

ATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

Daytime Phone #

CR2040 (9/98)