

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V24478**

1. Corporation Name

CLEAN ALL JANITORIAL SERVICES, INC.

Principal Place of Business
**19120 N.W. 10 PLACE
MIAMI FL 33169**

Mailing Address
**19120 N.W. 10 PLACE
MIAMI FL 33169**

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

03/27/1992

5. FEI Number

65-0328403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	FOUSHEE, LOUISE	19120 N.W. 10 PLACE	MIAMI FL
V	Thomas Mitchell	19120 NW 10 PL	Miami FL
SJV	Donald P. Smallhorne	19120 NW 10 PL	Miami FL
D	Tina Lee A. Smallhorne	19120 NW 10 PL	Miami FL

8. Name and Address of Current Registered Agent

FOUSHEE, LOUISE

19120 N.W. 10 PLACE

MIAMI FL 33169

900003091449--4
-01/07/00--01044--008
******500.00 ****500.00**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

900003091449--4
-01/07/00--01044--008
******500.00 ****500.00**
FL

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

Louise Foushee

REGISTERED AGENT MUST SIGN

Date

12/22/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if under oath.

SIGNATURE:

Louise Foushee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/99
Date

305-999-9844
Daytime Phone #