PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 27 AM 9:44

12/05/05 01063-007 **200.00

CR2E041 (8/05)

DOCUMENT # L03000019734

1. Limited Liability Company's Name

TAMPA'S MAINTENANCE SERVICE, LLC

2. Principal Office Address		**3.** Mailing Office Address	
5414 LAKE LECLARE RD		5414 LAKE LECLARE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LUTZ ; FLORIDA		LUTZ - FLORIDA	
Zip	Country	Zip	Country
33558	USA	33558	USA

4. State/Country of Formation
FLORIDA - USA.

5. Date Organized or Qualified To Do Business in Florida MAY 29, 2003

6. FEI Number
51-0471365
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ELISA E PEREZ S.

Street Address (P.O. Box Number is Not Acceptable)
5414 LAKE LECLARE RD.

000619141159
12/05/05--01063--007 **201.00

Suite, Apt. #, Etc.

City	State	Zip Code
LUTZ	FL	33558

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 12/01/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Elisa E. Perez Senior.	5414 LAKE LECLARE. RD	Lutz. Fl. 33558
		REINSTATEMENT 04-05	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 12/01/05 Daytime Phone # 813.9246560

Typed or printed name of signing Managing Member/Manager ELISA ELVIRA PEREZ