


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 JUL 28 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000047840 1. Entity Name ALVISON PRESSURE CLEANING CO. LLC	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 5810 400 N. MONROE STREET #105 TALLAHASSEE, FL 32303	Mailing Address 5810 400 N. MONROE STREET #105 TALLAHASSEE, FL 32303
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc. <i>134 Harmon Mill Rd Ste #77</i> City & State <i>Tallahassee</i> Zip <i>32305</i>	3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State Zip Country <i>Leon</i>	07282006 REIN-LLC CR2E101 (11/05) 4. FEI Number <i>50-000-7366</i> 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
---------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



6. Name and Address of Current Registered Agent COHEN, ALVIN 5577 LUMBERJACK LANE TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name <i>Alvin Cohen</i> Street Address (P.O. Box Number is Not Acceptable) <i>5615 Cypress Circle</i> City <i>Talla.</i> State FL Zip Code <i>32303</i>
----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *7/28/06*

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ALVIN	NAME	<i>COHEN, ALVIN</i>
STREET ADDRESS	5577 LUMBERJACK LANE	STREET ADDRESS	<i>5615 Cypress Circle</i>
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	<i>Tallahassee FL 32303</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<i>500078390275</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>08/04/06--01043--011 **105.00</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2005-2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Date *7/28/06* Daytime Phone # _____