2005 LIMITED LIABILITY COMPANY REINSTATEMENT

.DOCUM	IENT # L030000128	301				et.	CRETAR	LLU V OF ST	ΔΤΕ
1. Entity Name	CLEAN USA, LLC					DIVIS	ONE IAN ION OF C	ORPOR	ATIONS
			Service Services						
D. 1 - 1 - 1 - D1	-10	64-12- A.d.d		57.00		05	MAR 22	AM II:	42
Principal Place of 3500 CORAL W		Mailing Address 3500 CORAL WAY			2				
#409		#409		<i>j</i>	OK .				
MIAMI, FL 331	45	MIAMI, FL 33145		<u> </u>					
2. Principal Place		3. Mailing Address 5201 Blue LA	· · · · · · · · · · · · · · · · · · ·						
5201 B Suite, Apt. #,	INE LAGOON DUINE	Suite, Apt. #, etc.	<u>9000 DU</u>		02022005		0000		
•	886	986			02232005	REIN-LLC	CR2E	101 (6/04)	
City & State	iani, FL	City & State HIAMI FL 33126		14	. FEI Numb	" 16166	471	4. LING	olied For Applicable
Zip	Country	Zip	Country	١,	5 Certificate	of Status Desired	×	\$5.00 Add	litional
33.1.	8. Name and Address of Current R	-331-66	_QSA_		+	Address of New		Fee Require	d
	t. Name and Address of Current H	Afternien Aftern	Name	:	. Haine and	Audiesa of New	notherer s	Saur	
GONZALEZ,	Street	reet Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 3	H BAYSHORE DRIVE, SUITE 33133	1000	25	75 P	ONCE 5	E (EON	BIVD	suite	00 <i>P</i>
						,		I ==	
			City	<u>CORAL</u>	<u>GA</u>]	<u>oles</u>	FL	Zip Code	
	amed entity submits this statement for as of registered agent.	the purpose of changing its r	egistered office	or registered	agent, or bo	th, in the State of F	florida. 1 am f	amiliar with,	and accept
SIGNATURE		1.00		•	•				
Sig	gnature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	: Registered Agent elg	nature required t	when reinstating)		DATE -		
		In accordance with s	607 193/2\(\h)	FS the li	betimi	Ma	ke check p	evable to	
FILE N	IOW!!! FEE IS \$100.00	In accordance with sa liability company did	not receive the	prior notice	e.		ia Departme		Ð
9.	MANAGING MEMBER	L S/MANAGERS	10.			// ADDITIONS	S/CHANGES		
TITLE		☐ Detete	TITLE 13	John	N H.	ROURIGUE	2	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	EXEC	Plus	VICE PR	ESIOEN NOIVO	Suite	885-8
CITY-ST-ZIP			CITY-ST-ZIP	Mia	mi. F	733/2			
TITLE NAME	•	Delete	TITLE		•			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS	E-50 FF	-raro	TATEN	arnt	174	-05
CJTY-ST-ZIP			CITY-ST-ZIP		oni:	HHILL	10 (20 AS n		
TITLE	. 	☐ Delete	TITLE					Clange =	Addition
STREET ADDRESS			STREET ADDRESS	-			•		
CITY-SI-ZIP			CITY-ST-ZIP	1				• .	· .
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		1	00049	451	591	
CITY-ST-ZIP			CITY-ST-ZIP		03/3	000 4 9 0/050100	17001		
TITLE Name		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY ST-ZIP			CITY-ST-ZIP	ļ					
TITLE * NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	that the ideas	tin fillion about the state of	CITY-ST-ZIP	<u> </u>					
3dicated or	rtify that the information supplier with to this report is true and accurate and the ity company or that a giver or trustee	nis tiling does not qualify for it nat my signature shall have the	the exemption sta ne same legal eff	ated in Section	on 119.07(3)(le under oath	(i), Florida Statutes i; that I am a mane	. I further cert aging membe	ify that the in r or manage	nformation r of the
grintou naom	ay sompany or till solver or trustee	empowered to execute this re	phou as tednited	by Chapter	ous, Florida :	otatutes.			
SIGNATU	REN / Odd	ue	-			1/18/2005		25-629	-3006
	SIGNATURE AND TYPES OF PRINTING NAME OF	SHOUNG MANAGING MEMBER, MANA	AGER, OR AUTHORIZE	D REPRESENTA	TIVE	Daylo		ytime Phone #	
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