APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 MAY -2 PM 4:34

SECRETARY OF STATE TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # L12000075655

1. Corporation Name

L AND R CLEANING, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 Rogers Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt. I	
City & State	City & State
Fort Walton, FL	
Zip / Country	Zip / Country
32548 / USA	

4. Date Incorporated or Qualified To Do Business in Florida: June 4/2012

5. FEI Number: 45-5532135 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.:

City: Tallahassee | State: FL | Zip Code: 32301

300259826843

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sue G. Knight Date: 5-1-14

REGISTERED AGENT MUST SIGN — Sue G. Knight, Assistant Vice President

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AMBR	Alicia Landaverde	401 Rogers Street, Apt I	Fort Walton, FL 32548

10. E-mail Address: Danielrwhite@hotmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Alicia Landaverde 4/23/14 850 5863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED 5/2/14