


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
James Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
02 NOV 26 PM 4:48

L01000003939

1. DOCUMENT # L01000003939
Name and Mailing Address

0009165 01 FP 0.352 **PRSRT HO 0 0615 32170-222323
WHITE WING CLEANING, LLC
PO BOX 2223
NEW SMYRNA BEACH FL 32170-2223



REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 233 N. CAUSEWAY STE D NEW SMYRNA BEACH FL 32169		5. Date Organized or Qualified To Do Business in Florida 03/15/2001	
3. New Principal Place of Business Address 414 CANAL STREET City, State, Zip NEW SMYRNA BEACH FL 32168		6. FEI Number 59-3699841 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BECKLER, DIAND D 233 NORTH CAUSEWAY STE D NEW SMYRNA BEACH FL 32169	9. Name and Address of New Registered Agent Name DIANA D. BECKLER Street Address (P.O. Box Number is Not Acceptable) 209 CANOVA DRIVE City NEW SMYRNA BEACH FL Zip Code 32169
--	--

10. 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 *Diana D. Beckler* Date 11.14.02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	DIANA BECKLER	209 CANOVA DRIVE	NEW SMYRNA BCH FL 32169

700009231137
11/26/02--01088--001 **150.00

REINSTATEMENT 2002

12. 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 *Diana D. Beckler* Date 11.15.02 Daytime Phone # 386/428-1422
Typed or printed name of signing Managing Member/Manager DIANA D. BECKLER