

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
JIM SMITH
DIVISION OF CORPORATIONS

L01000009519

02 DEC 26 PM 4:46

1. DOCUMENT # L01000009519

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000009687430

12/26/02--01024--005 **155.00

0011725 01 SP 0.370 **SNGLP 0615 34956

CUSTOM CLEANING OF THE TREASURE COAST, L.L.C.
C/O 7900 S.W. SPRINGHAVEN AVENUE
INDIANTOWN FL 34956

MMJ



12/26 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address C/O 7900 S.W. SPRINGHAVEN AVENUE INDIANTOWN FL 34956 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/07/2001	
6. FEI Number 65-1113969		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 SHELTON, MARY C/O 5018 S.E. DRIFTWOOD AVENUE STUART FL 34997		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Mary Shelton</u> Date _____ 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
NGRM	RHONDA JAMES	7900 SW Springhaven Ave Indiantown, FL 34956	Indiantown, FL 34956

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

Rhonda James

Date

12-23-02

Daytime Phone #

772-349-0316

Typed or printed name of signing Managing Member/Manager

Rhonda James

CR2E084 (8/02)