

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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| LIMITED LIABILITY COMPANY REINSTATEMENT |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # L01000009994

1. Limited Liability Company's Name

VALENCIA CLEANERS, LLC.

2004 JUL 14 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600039126196
07/14/04--01047--002 **250.00

| | | | |
|---|--|--------------|----------------|
| 2. Principal Office Address 8175 VALENCIA COLLEGE L | 3. Mailing Office Address 8175 VALENCIA COLLEGE L | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State ORLANDO, FL | City & State ORLANDO, FL | | |
| Zip 32825 | Country USA | Zip 32825 | Country USA |
| <p>4. State/Country of Formation FL / USA</p> <p>5. Date Organized or Qualified To Do Business in Florida 06/14/01</p> <p>6. FEI Number 91-2197361 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status</p> | | | |

8. Name and Address of Current Registered Agent

Name AMBROCIO CASTELLANO

Street Address (P.O. Box Number is Not Acceptable)
13225 ST COLE COURT

Suite, Apt. #, Etc.

City ORLANDO

State FL Zip Code 32828

9. 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



Date 06/01/2004

REGISTERED AGENT MUST SIGN

CRE041 (10/02)

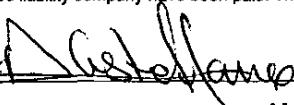
10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| MM | AMBROCIO CASTELLANO | 13225 ST. COLE COURT | ORLANDO, FL 32828 |
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REINSTATEMENT 02-04 GIA

11. 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



Date 06/01/2004

Daytime Phone # 407/381-4141

Typed or printed name of signing Managing Member/Manager AMBROCIO CASTELLANO

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