

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JUL 14 PM 2: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000009994**

**1. Limited Liability Company's Name**

VALENCIA CLEANERS, LLC.

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

**2. Principal Office Address**

8175 VALENCIA COLLEGE L

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

USA

**3. Mailing Office Address**

8175 VALENCIA COLLEGE L

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

USA

**4. State/Country of Formation**

FL / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

06/14/01

**6. FEI Number**

91-2197361

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**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

**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

**REINSTATEMENT 02-04 GJA**

**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

\$250-

CR2E041 (10/02)