

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORENCE DEPARTMENT OF STATE  
Division of Corporations  
Secretary of State

FILED

1. DOCUMENT # L01000014240

Name and Mailing Address

02 NOV 14 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0001280 01 FP 0.352 \*\*PRSRT T4 0 0615 33026-407879



PROFESSIONAL CLEANING SERVICE LLC  
130 NW 108 TERRACE, SUITE 304  
PEMBROKE PINES FL 33026-4078



2. New Mailing Address

3920 MAX PLACE SUITE 106  
City, State, Zip  
BOYNTON BEACH, FL 33436

Principal Place of Business

130 NW 108 TERRACE, SUITE 304  
PEMBROKE PINES FL 33026

3. New Principal Place of Business Address

3920 MAX PLACE SUITE 106  
City, State, Zip  
BOYNTON BEACH, FL 33436

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

08/16/2001

6. FEI Number

☒ 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

OSPINA, MARIA  
130 NW 108 TERRACE, SUITE 304  
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

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

3920 MAX PLACE SUITE 106  
BOYNTON BEACH 3  
BOYNTON BEACH FL Zip Code 33436

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

Maria Ospina  
REGISTERED AGENT MUST SIGN

Date 11-11-02

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
MGR	MARIA OSPINA	3920 MAX PLACE SUITE 106 BOYNTON BEACH	BOYNTON BEACH, FL 33436

REINSTATEMENT

2002

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11/14/02--01105--009 \*\*155.00

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

Maria Ospina

Date

(561) 7520965

Daytime Phone #

11-11-02

Typed or printed name of signing Managing Member/Manager