

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016100

1. Limited Liability Company's Name

Freedom Choice Cleaning, L.C.

2. Principal Office Address

5959 St. Augustine Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32207

Country

USA

3. Mailing Office Address

P.O. Box 56651

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32241

Country

USA

4. State/Country of Formation

Florida

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

09/15/2001

6. FEI Number

59-3745548

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

Intrepid Registered Agent Services, LLC

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

1 Independent Drive

Suite, Apt. #, Etc.

Suite 1200

City

Jacksonville

State

FL

Zip Code

32202

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

[Signature] President
REGISTERED AGENT MUST SIGN

Date 11/24/04

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 |
|--------|--------------------------------------|---|-----------------------------|
| MGR | Debra M. Merryman | 5959 St. Augustine Road | Jacksonville, Florida 32207 |
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REINSTATEMENT 02-04

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11/30/04--01052--008 **250.00

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

[Signature]

Date 11-24-04

Daytime Phone # 904-367-8310

Typed or printed name of signing Managing Member/Manager

Debra M. Merryman

CR20041 (10/02)