PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 JUN 16 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800181958698
06/10/10--01034--008 **522.00

CR2E041 (05/10)

DOCUMENT # L02-602

1. Limited Liability Company's Name
J and P Cleaning LTD CO

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11937 Willow Grove LN	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont	City & State
Zip: 34711 County: Lake	Zip: County:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 1/12/2002

6. FEI Number: 75-2970400 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a Certified Copy

8. Name and Address of Current Registered Agent

Name: Preston PATRICK

Street Address (P.O. Box Number is Not Acceptable): 11937 Willow Grove LN

Suite, Apt. #, Etc.:

City: Clermont State: FL Zip Code: 34711

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: 6/7/2010

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
MgR	Juliet PATRICK	11937 willow Grove LN	Clermont Fl 34711
	L. SELLERS		
	JUN 17 2010		
	EXAMINER	REINSTATEMENT	08-2010

11. E-mail Address: [redacted]
(To be used for future annual report notifications)

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: _____ Date: 6/7/10 Daytime Phone #: 407493-7787

Typed or printed name of signing Managing Member/Manager: _____