PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000000634

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 12 AM 10: 03

1. DOCUMENT #   L02000000634

Name and Mailing Address

0001371 01 FP 0.352 **PRSRT T5 0 0615 33037-275657
DUSTBUSTERS HEALTHFRESH CLEANING SERVICES LTD. CO.
757 MICHAEL DRIVE
KEY LARGO FL 33037-2756

2. New Mailing Address	4. State/Country of Formation
	FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 12/30/2001

Principal Place of Business	3. New Principal Place of Business Address	6. FEI Number	Applied For
757 MICHAEL DRIVE KEY LARGO FL 33037		75-3033947	Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LENTZ, GENE C 5 MICHAEL DRIVE KEY LARGO FL 33037	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____   Date _____

REGISTERED AGENT MUST SIGN

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
MGRM	Maria Marcos Lentz	5 Michael Dr.	Key Largo, FL 33037
MGRM	Gene C. Lentz	" " "	" " " "
			200008598332 Change 10/25/02--01093--004 **25.00
			☐ Change 200008598332 12/12/02--01105--002 **125.00

REINSTATEMENT 2002

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 _____   Daytime Phone # 305-451-4003

Typed or printed name of signing Managing Member/Manager