

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 22 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM

4/22

DOCUMENT # 02000008711

1. Limited Liability Company's Name

C + J Cleaning LLC

2. Principal Office Address

1016 S.E. 19th PL

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip Country

33990 USA

Zip Country

33990

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

April 2002

6. FEI Number

043644798

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

Joseph M. Fisher, P.A.

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

1505 S.E. 40th St.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33910

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

REGISTERED AGENT MUST SIGN

Date

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
MEM	Peter Addario	2215 S.E. 9 th Terr.	Cape Coral, FL 33990
MEM	Carmen Addario	1810 SW 15 th Terr	Cape Coral FL 33991
MEM	Joanne Addario	1016 S.E. 19 th PL	Cape Coral FL 33990

REINSTATEMENT

2003
2004

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

Peter Addario

Date

4/22/04

Daytime Phone #

239-574-1411

Typed or printed name of signing Managing Member/Manager

PETER ADDARIO