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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1982

APPLICATION FOR
REINSTATEMENT

THE SEAL OF THE STATE OF FLORIDA
GIVEN BY THE
DIVISION OF CORPORATIONS

L02000010724

FILED

1. DOCUMENT # L02000010724

Name and Mailing Address

03 OCT 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001528 01 AT 0.292 **AUTO T7 3 0615 32178-203131



OMNI CLEAN LLC
PO BOX 2031
PALATKA FL 32178-2031



08/04/03 90097 011 550.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/25/2002	
Principal Place of Business 4103A SILVER LAKE DR. PALATKA FL 32178	3. New Principal Place of Business Address	6. FEI Number 71-0868456	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CHAUSSE, LONNIE R 4103A SILVER LAKE DR. PALATKA FL 32178		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 **SIGNATURE REQUIRED** 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
managing member	managing member Lonnie Chausse	P.O. Box 2031	Palatka, FL 32178
managing member	managing member Esther Chausse	P.O. Box 2031	Palatka, FL 32178

REINSTATEMENT

03
Dec

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 **SIGNATURE REQUIRED** Date 10/16/03 Daytime Phone # 386-325-1594

Typed or printed name of signing Managing Member/Manager

2082

October 16, 2003

To Whom It May Concern:

In regard to the revocation of business license for Omni Clean LLC, we made corrections to the identification of titles from owner to managing member for Ellen and Honnie Chause.

Our records show that a \$50 dollar fee was on 7-29-03 check # 277 sent to your office and was reconciled on 8/7/03 account # 2500 438301. You have our fee ^{payment} on file.

Thank You,

Ellen Chause

386-325-1594

Omni Clean LLC