

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAR 16 AM 8:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010867

1. Limited Liability Company's Name

Watermark Cleaning Services LLC

800030502108  
03/16/04--01016--002 \*\*200.00

2. Principal Office Address

2065 West First Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2088

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip Country

33901

City & State

Fort Myers, FL

Zip Country

33902

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

May 1, 2002

6. FEI Number

54-2081552

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

Julio Pineda

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

2065 West First Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

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

Julio Pineda

REGISTERED AGENT MUST SIGN

Date 3/8/04

**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
Executive Director	<u>Ralph Calvanese</u>	<u>11 Freedom Trail</u>	<u>Norfolk, MA 02056</u>
Director	<u>Joan Calvanese</u>	<u>11 Freedom Trail</u>	<u>Norfolk, MA 02056</u>

**REINSTATEMENT** 2003-04

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

Ralph Calvanese

Date 3/8/04

Daytime Phone # 800-889-0188

Typed or printed name of signing Managing Member/Manager

Ralph Calvanese

CR2E041 (10/02)