

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 10:21

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 102000010938

1. Limited Liability Company's Name

AMERICA SPOTLESS LC

2. Principal Office Address

431 28th AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 692403

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

Zip

33705

Country

USA

City & State

Orlando, FL

Zip

32869

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/6/02

6. FEI Number

01-0700462

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

Teresa C. Alencar-Silva

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

431 28th AVE SOUTH

Suite, Apt. #, Etc.

City

Saint Petersburg, FL

State

FL

Zip Code

33705

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

6/5/05

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
MGRM	Teresa C. A. Silva	431 28 th AVE SOUTH	St. Petersburg, FL 33705
M	Ariane Bontempo	6275 Sandcrest Circle	Orlando, FL 32819

REINSTATEMENT 03-05

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

Date

6/5/05

Daytime Phone #

(321) 287-4990

Typed or printed name of signing Managing Member/Manager

Teresa C. A. Silva

CR2ED01 (10/02)