

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:17

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012494

1. Limited Liability Company's Name
Power Carpet Cleaning LLC

2. Principal Office Address <u>2269 South University Drive</u> Suite, Apt. #, etc. <u>#342</u> City & State <u>Davie, FL</u> Zip <u>33324</u> Country <u>US</u>		3. Mailing Office Address <u>2269 South University Drive</u> Suite, Apt. #, etc. <u>#342</u> City & State <u>Davie, FL</u> Zip <u>33324</u> Country <u>US</u>	
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CR2E041 (8/05)

4. State/Country of Formation <u>FL/US</u>	
5. Date Organized or Qualified To Do Business in Florida <u>5-22-02</u>	
6. FEI Number <u>810556977</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>Jeff Day</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2269 South University Dr</u>	
Suite, Apt. #, Etc. <u>#342</u>	
City <u>Davie, FL</u>	State <u>FL</u> Zip Code <u>33324</u>

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 Jeff Day Date 3-29-06
REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>Jeff Day</u>	<u>2269 South University Dr.</u>	<u>Davie / FL / 33324</u>
			<u>600070433796</u> <u>04/14/06--01019--019 **255.00</u>
			<u>REINSTATEMENT</u> <u>04-06</u>

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 Jeff Day Date 3-29-06 Daytime Phone # 954 989-5911
Typed or printed name of signing Managing Member/Manager