

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

2269 South University Drive

Suite, Apt. #, etc.

#342

City & State

Danie, FL

Zip

33324

Country

US

3. Mailing Office Address

2269 South University Drive

Suite, Apt. #, etc.

#342

City & State

Danie, FL

Zip

33324

Country

US

CR2E041 (8/05)

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

5-22-02

6. FEI Number

810556977

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$0.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeff Day

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

2269 South University Dr

Suite, Apt. #, Etc.

#342

City

Danie, FL

State

FL

Zip Code

33324

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
MGRM	Jeff Day	2269 South University Dr.	Danie / FL / 33324
			600070433796
			04/14/06--01019--019 **255.00

REINSTATEMENT

04-06

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