

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:21

1. DOCUMENT # L02000022057

Name and Mailing Address

0017711 01 FP 0.352 **PRSRT T4 0 0615 34221

USA STREET & CURB CLEANING, L.L.C.
10504 U.S. 41 NORTH
PALMETTO FL 34221

600024516276
11/07/03--01072--020 **155.00



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/26/2002

Principal Place of Business

10504 U.S. 41 NORTH
PALMETTO FL 34221

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

01-0741732

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

WILSON, DONALD W
10504 U.S. 41 NORTH
PALMETTO FL 34221

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	GIGLIOTTI, JOSEPH	10504 U.S. 41 NORTH	PALMETTO FL 34221
MGR	WILSON, DONALD W	10504 U.S. 41 NORTH	PALMETTO FL 34221
MGR	MERUCI, LOUIS G	10504 U.S. 41 NORTH	PALMETTO FL 34221

REINSTATEMENT

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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

Date

11/3/03

Daytime Phone #

941-729-9487

Typed or printed name of signing Managing Member/Manager