MAR. 9. 2004 7:31AM KPMB NO. 0482 P. 3

L02000028834

APPROVED AND FILED

04 MAR -9 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H04000050575 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000028834

1. Limited Liability Company's Name
MOLD ERADICATION, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address		**3.** Mailing Office Address	
3840 Kent Court		201 S. Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1700	
City & State Miami, FL		City & State Miami, FL	
Zip 33133	Country US	Zip 33131	Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/29/2002

6. FEI Number: 20-0077933 ☐ 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: Miami Center Registered Agents, LLC

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 1700

City: Miami | State: FL | Zip Code: 33131

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 _____ Date 3/3/2004
REGISTERED AGENT MUST SIGN

CR2E045 (11/02)

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	Lawrence Marks	3840 Kent Court	Miami, Florida 33133

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 3/3/2004 Daytime Phone # 305-444-2150

Typed or printed name of signing Managing Member/Manager Lawrence Marks

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MOLD ERADICATION, LLC

Certificate of Status	0
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