

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000029401 1. Entity Name NEWKIRK'S PRESSURE WASHING L.L.C.				 <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="position: absolute; bottom: 0; right: 0; text-align: right;">NOV -9 PM 1:49</div>	
Principal Place of Business 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409			Mailing Address 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409		
2. Principal Place of Business 293 Ponce De Leon St. Suite, Apt. #, etc.		3. Mailing Address 293 Ponce De Leon St. Suite, Apt. #, etc.			
City & State Royal Palm Beach		City & State Royal Palm Beach		11022004 REIN-LLC CR2E101 (6/04)	
Zip 33411		Country USA		4. FEI Number 42-1586788	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWKIRK, RICHARD D 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 293 Ponce De Leon St. City Royal Palm Beach FL Zip Code 33411		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 11-2-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWKIRK, RICHARD D 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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<div style="position: relative; width: 100%;"> <div style="position: absolute; top: 0; left: 0; font-weight: bold; font-size: 1.5em;">REINSTATEMENT</div> <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 1.5em;">2004</div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 11-02-04 <small>Date</small>		