

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 DEC -9 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000055743

1. Limited Liability Company's Name

Jean S. Rousseau Cleaning LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1607 Quail Lake Drive 1607 Quail Lake Drive

Suite, Apt. #, etc.

Apt C 112 Apt C 112

City & State

West Palm Beach West Palm Beach

Zip

33409 USA 33409 USA

3. Mailing Office Address

1607 Quail Lake Drive

Suite, Apt. #, etc.

Apt C 112

City & State

West Palm Beach

Zip

33409 USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/23/2003

6. FEI Number

200505067

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

JAMES MATTHEWS

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

3515 Village Blvd

Suite, Apt. #, Etc.

205

City

West Palm Beach

State

FL

Zip Code

33409

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

James Matthews  
REGISTERED AGENT MUST SIGN

Date 11-19-08

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>MEM</u>	<u>JEAN S ROUSSEAU</u>	<u>1607 Quail Lake Drive</u>	<u>West Palm Beach</u>

**REINSTATEMENT**  
2008

900138442629  
12/04/08--01040--005 \*\*138.75

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

Jean S Rousseau

Date 11/19/08

Daytime Phone # 561-574-7555

Typed or printed name of signing Managing Member/Manager Jean S Rousseau