

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 28 PM 2: 06

DOCUMENT # L04000004760

1. Limited Liability Company's Name

CMN Right Cleaning Solutions LLC.

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

4209 Kezar Ct

Suite, Apt. #, etc.

3. Mailing Office Address

4209 Kezar Ct

Suite, Apt. #, etc.

City & State

Belle Isle FL

Zip

32812

Country

USA

City & State

Belle Isle FL

Zip

32812

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

01/21/04

6. FEI Number

20-0624759

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

Carlos M. Nunes

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

4209 Kezar Ct

Suite, Apt. #, Etc.

City

Belle Isle

State

FL

Zip Code

32812

☒ 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

Carlos Manuel Nunes

Date

8/12/08

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
<u>MEM</u>	<u>Carlos M Nunes</u>	<u>4209 Kezar Ct</u>	<u>Belle Isle FL 32812</u>

REINSTATEMENT

05-06-07-08

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08/21/08--01032--002 **560.00

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

Carlos Manuel Nunes

Date

8/12/08

Daytime Phone #

321-231-9067

Typed or printed name of signing Managing Member/Manager

Carlos Manuel Nunes