


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000009953

1. Limited Liability Company's Name
DENNIS CLEANING SERVICE LLC

500138380115
12/02/08--01031--005 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3354 N SUNROSE PATH - SAME -
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
BEVERLY HILLS FLA

City & State

Zip Country Zip Country
34465 Citrus

4. State/Country of Formation
FLA. Citrus

5. Date Organized or Qualified To Do Business in Florida
DEC. 1984

6. FEI Number
05-0596716

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
DENNIS S. FILIOLA

Street Address (P.O. Box Number is Not Acceptable)
3354 N. SUNROSE PATH

Suite, Apt. #, Etc.

City State Zip Code
BEVERLY HILLS FL 34465

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 *Dennis Filiola* Date **11-24-08**
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
MEM	<i>Dennis Filiola</i>	3354 N. SUNROSE PATH	BEVERLY HILLS FLA 34465
REINSTATEMENT <u>2007, 2008</u>			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DEC - 2 AM 11:48

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 *Dennis Filiola* Date **11-24-08** Daytime Phone # **352-746-5674**

Typed or printed name of signing Managing Member/Manager **DENNIS FILIOLA**