

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAY 18 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000047607

1. Limited Liability Company's Name

AK PRESSUREWASHING, LLC

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

9759 Sandy Run Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Zip

33478

Country

US

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

06-24-04

6. FEI Number

20-1477627

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

Kennon T. Hunter

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

9759 Sandy Run Road

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

☐ 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.

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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**

Kennon T. Hunter

REGISTERED AGENT MUST SIGN

Date

5/11/07

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	Kennon T. Hunter	9759 Sandy Run Road	Jupiter, Florida 33478
MGRM	ADD Glenn J. Hunter	283 SW Ventura Lane	Lake City, Florida 32025
MGRM	DELETE Andrew R. Freeman	10 Arricola Avenue	St. Augustine, Florida 32080

REINSTATEMENT
05-07

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**

Glenn J. Hunter

Date

5/11/07

Daytime Phone #

386-752-2707

Typed or printed name of signing Managing Member/Manager

Glenn J. Hunter