


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L04000055452 | |  |
| 1. Entity Name NOBERTO CLEANING LLC | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:12

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| Principal Place of Business 110 MAGPIE DRIVE FORT PIERCE, FL 34947 | Mailing Address 110 MAGPIE DRIVE FORT PIERCE, FL 34947 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 686 SW DWYER AVE. Suite, Apt. #, etc. |
| City & State | City & State PORT ST. LUCIE, FL |
| Zip | Country USA |

09122006 REIN-LLC CR2E101 (11/05)

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| 4. FEI Number 20-1411624 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MATTHEWS, JAMES 3515 VILLAGE BLVD 205 WEST PALM BEACH, FL 33409 | |
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| 7. Name and Address of New Registered Agent Name NOBERTO, NEIDE Street Address (P.O. Box Number is Not Acceptable) 686 SW DWYER AVE. City PORT ST. LUCIE FL Zip Code 34983 | |
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| 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: <i>Neide Noberto</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE: 09/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$200.00 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NOBERTO, ILZA 110 MAGPIE DRIVE FORT PIERCE, FL 34947 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500080270755 09/28/06--01055--015 **205.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NOBERTO, NEIDE 110 MAGPIE DRIVE FORT PIERCE, FL 34947 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NOBERTO, NEIDE 686 SW DWYER AVE. PORT ST. LUCIE, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 05-06 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Neide Noberto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE: 09/12/06 772-940-1047 <small>Daytime Phone #</small> |