

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

06 OCT 31 PM 4:43

DOCUMENT #

1. Limited Liability Company's Name

STAR CARPET CLEANING L.L.C.

Document number - L04000086098

CR2E041 (8/05)

2. Principal Office Address

539 Green Briar Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

539 Green Briar Blvd

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA U.S.A

5. Date Organized or Qualified
To Do Business in Florida

11-22-2004

6. FEI Number

35-227132

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

MARIA Buitrago

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

539 Green Briar Blvd

Suite, Apt. #, Etc.

800081391828

10/31/06--01061--008 **205.00

City

Altamonte Springs

State

FL

Zip Code

32714

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

Maria Buitrago
REGISTERED AGENT MUST SIGN

Date 10-28-2006

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 | MARIA Buitrago | 539 Green Briar Blvd | Altamonte Springs FL 32714 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2005-06

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

Maria Buitrago

Date 10-28-2006 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MARIA Buitrago