2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILEL SECRETARY OF STATE DOCUMENT # L04000088901 DIVISION OF CORPORATIONS 1. Entity Name E.C. CLEANING SERVICE L.L.C. 06 AUG -1 AM 9: 39 Principal Place of Business Mailing Address 905 SYCAMORE LANE 905 SYCAMORE LANE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272006 CR2E101 (11/05) REIN-LLC 4. FEI Number City & State City & State Applied For 39-379064*0* Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YIDI, EDWARD Street Address (P.O. Box Number is Not Acceptable) 905 SYCAMORE LANE ALTAMONTE SPRINGS, FL 32714 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOWILL FEE IS \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 900078470089 MGR TITLE ☐ Delete TITLE ☐ Addition YIDI FOWARD NAME NAME 08/08/06--01032--007 **105.00 905 SYCAMORE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP **MGRM** ☐ Delete TITLE TIT1 F Change Addition YIDI, CECILIA NAME NAME STREET ADDRESS 905 SYCAMORE LANE STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-7IP CITY-ST-7IP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY+ST-7IP ☐ Delete [] Change ☐ Addition TITLE TITLE reinstatement c NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

JRE: FOWAY 1.D:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE