


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000001246 1. Entity Name L & K PROKLEEN CLEANERS, LLC	
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FILED

2008 APR -9 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 21717 STATE ROAD 7 BOCA RATON, FL 33428	Mailing Address 21717 STATE ROAD 7 BOCA RATON, FL 33428
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03272008 REIN-LLC CR2E101 (1/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 20-2103563	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
 20801 BISCAYNE BLVD.
 SUITE 501
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: **LEE, BOKRYE**
 Street Address (P.O. Box Number is Not Acceptable):
21717 State Rd. 7
 City: **BOCA RATON FL** Zip Code: **33428**

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]* DATE: **3/28/2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
MGR	LEE, BOKRYE	<input type="checkbox"/>
STREET ADDRESS: 21717 STATE ROAD 7		
CITY-ST-ZIP: BOCA RATON, FL 33428		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>
000122303060 04/07/08--01008--008 **277.50		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

REINSTATEMENT

L. SELLERS

APR 11 2008

EXAMINER

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: *[Signature]* DATE: **3/28/2008** DAYTIME PHONE #: **(954) 441-4357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #