PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2007 MAR 26 AM II: 02
DOCUMENT # L05000008644	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Limited Liability Company's Name KRISTINA Abbott Cleaning Service LLC	THE ATTASSEE, FLORIDA
2. Principal Office Address - No P O Box # 3. Mailing Office Address	CR2E041 (1/07)
4523 Timber Ridge Ln 4523 Timber Ridge Ln Suite Apt #. etc	8. State Country of Formation Fla
City & State City & State	5. Date Organized or Qualified To Do Business in Florida To Do Business in Florida
FORT PIEBLE PL FORT PIERCE FL	6. FE Number Applied For Not Applicable
34982 ST. Lucie 34982 ST. Lucie	7. CERTIF CATE OF STATUS DESIRED SOLD AGENTABLE GO STATUS
8. Name and Address of Current Registered Agent	
Name ABBOTT KRESHING M. Street Address (P.O. Box Number is Not Acceptable) 4523 Timber Ridge Cane State 32/19982	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
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 Agent Date 3-6-07	
10. Names and Street Addresses of Managing Members Managers	
Titles Name of Street Address of Each Managing Members Managers Managing Member Manager City State Zip	
MbR Kristina abbott 4523 TimberRidge Ln. Fort Pierce Cl 34982	
	03/29/0701025015 **100:00
PENSTATEMENT 06-07	
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. in further certify that when filling 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 Kustine and Chott Data 3-6-07 Daytime Phone # 772 - 216 4354 Typed or printed name of signing Managing Member Manager Kristina alborit	