

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000008724

1. Limited Liability Company's Name

KENNETH A. LEVIN PRESSURE CLEANING, LLC

600170578236
03/09/10--01022--025 **33.75
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

6230 SW 3RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

6230 SW 3RD STREET

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33068

Country

US

City & State

MARGATE FL

Zip

33068

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

1/14/2005

6. FEI Number

346425461

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenneth A. Levin

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

6230 SW 3RD ST.

Suite, Apt. #, Etc.

City

MARGATE, FL

State

FL

Zip Code

33068

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/5/10

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
MGR	LEVIN, KENNETH A.	6230 SW 3RD ST.	MARGATE, FL 33068

REINSTATEMENT

2008-10

S. HAWKES

MAR 11 2010

EXAMINER

11. E-mail Address:

12. 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

[Signature]

Date 3/5/10

Daytime Phone #

954-812-8487

Typed or printed name of signing Managing Member/Manager

KENNETH A. LEVIN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2010

KENNETH A LEVIN PRESSURE CLEANING LLC
6230 SW 3RD ST
MARGATE, FL 33068

SUBJECT: KENNETH A. LEVIN PRESSURE CLEANING LLC
Ref. Number: L05000008724

We have received your document for KENNETH A. LEVIN PRESSURE CLEANING LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$33.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00004866