PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 21 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L05000032157

1. Limited Liability Company's Name
SUNSET CLEANING, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11925 62ND LANE NORTH	11925 62ND LANE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33412 Country	Zip: 33412 Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 20-2619093 ☐ 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: ALBERTO VALENCIA

Street Address (P.O. Box Number is Not Acceptable): 11925 62ND LN

Suite, Apt. #, Etc.: WPB FL 33412.

City | State: FL | Zip Code

E-mail Address:
09/29/11--01040--001 **238.75
SUNSET3590@AOL.COM.
(To be used for future annual report notices)

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 _____ (REGISTERED AGENT MUST SIGN)

200212723052
09/29/11--01040--001 **238.75

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	VALENCIA ALBERTO	11925 62ND LN	WPB FL 33412.
MGR	VALENCIA MARY	11925 62ND LN	WPB FL 33412.

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 9/26/11 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____