

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -8 PM 2:29

DOCUMENT # **L05000040346**

1. Limited Liability Company's Name

New Miracle Cleaning Service LLC

500139509075
01/05/09--01077--001 **100.00

500139509075
01/05/09--01077--002 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 13213 Wild Duck Ct		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OR, FL		City & State	
Zip 32828	Country ORANGE	Zip 32828	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 04/25/2005	
6. FEI Number 830427370	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Cynthia Martin		
Street Address (P.O. Box Number is Not Acceptable) 13213 Wild Duck Ct		
Suite, Apt. #, Etc. CFM		
City OR	State FL	Zip Code 32828

☐ 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 **Cynthia Martin** Date **DEC 31, 2008**
REGISTERED AGENT MUST SIGN

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
GM	Cynthia F. Martin	13213 Wild Duck Ct	OR, FL 32828
MGR	DAVE A. Martin	13213 Wild Duck Ct	OR, FL 32828

REINSTATEMENT 2008

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.

Signature of Managing Member/Manager **Cynthia Martin** Date **DEC 31, 2008** Daytime Phone # **407-275-8150**

Typed or printed name of signing Managing Member/Manager **Cynthia F. Martin**