2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# L05000071314

Entity Name: CERTIFIED MOLD TREATMENT LLC

Current Principal Place of Business:

2258 NORTH US HIGHWAY ONE
FORT PIERCE, FL 34946 US

New Principal Place of Business:

586 PERIWINKLE DRIVE
SEBASTIAN, FL 32958 US

Current Mailing Address:

2258 NORTH US HIGHWAY ONE
FORT PIERCE, FL 34946 US

New Mailing Address:

586 PERIWINKLE DRIVE
SEBASTIAN, FL 32958 US

FEI Number: 16-1739104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARSDEN, GARY V
2258 N. US HIGHWAY ONE
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

MARSDEN, CLARENCE
586 PERIWINKLE DRIVE
SEBASTIAN, FL 32958 US

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.

SIGNATURE: CLARENCE MARSDEN 10/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARSDEN, CLARENCE
Address: 7304 CITRUS PARK BLVD.
City-St-Zip: FORT PIERCE, FL 34951 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MARSDEN, CLARENCE
Address: 586 PERIWINKLE DRIVE
City-St-Zip: SEBASTIAN, FL 32958 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLARENCE MARSDEN MR 10/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date