

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 25 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000100521

1. Limited Liability Company's Name  
(Changing Name To: BLUEWATER PRESSURE  
CLEANING

Done Right Pressure Cleaning

Ref # L05000100521  
CR2E041 (8/05)

2. Principal Office Address

8794 SE Jardin St

Suite, Apt. #, etc.

3. Mailing Office Address

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Suite, Apt. #, etc.

City & State

Hobe Sound FL 33455

City & State

//

Zip

33455

Country

USA

Zip

//

Country

//

4. State/Country of Formation

Palm Beach FL

5. Date Organized or Qualified  
To Do Business in Florida

10/12/05

6. FEI Number

27-0136140

☒ 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

Shane T Withbold

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

8794 SE Jardin St.

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

Date

10/10/06

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
<del>Mgr.</del>	<del>Shane T Withbold</del>	<del>8794 SE Jardin St.</del>	<del>Hobe Sound FL 33455</del>
Mgr.	Shane T Withbold	8794 SE Jardin St.	Hobe Sound FL 33455

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

Date

10/17/06

Daytime Phone #

561 601 1488

Typed or printed name of signing Managing Member/Manager

Shane T Withbold