


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 24 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000048831			
1. Limited Liability Company's Name Master's Pressure Cleaning LLC			
2. Principal Office Address - No P.O. Box # 4221 Favorite Road Suite, Apt. #, etc.		3. Mailing Office Address 4221 Favorite road Suite, Apt. #, etc.	
City & State Fort Pierce, Fl		City & State Fort Pierce, Fl	
Zip 34981	Country USA	Zip 34981	Country USA
4. State/Country of Formation Florida, USA		5. Date Organized or Qualified To Do Business in Florida 05-11-2006	
6. FEI Number None		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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 Melanie Zollinger Street Address (P.O. Box Number is Not Acceptable) 4221 Favorite Road Suite, Apt. #, Etc. City Fort Pierce State FL Zip Code 34981			
<input checked="" type="checkbox"/> 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 <u>Melanie Zollinger</u> Date <u>10-13-2008</u> 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
MGRM	Dan Zollinger	4221 Favorite Road	Fort Pierce, FL. 34981
MGRM	Melanie Zollinger	4221 Favorite Road	Fort Pierce, FL. 34981
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REINSTATEMENT-07-08			
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 <u>Dan Zollinger</u> Date <u>10-13-2008</u> Daytime Phone # <u>772-595-9729</u> Typed or printed name of signing Managing Member/Manager <u>Dan Zollinger</u>			