

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2013 NOV 25 PM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L06000057344

1. Limited Liability Company's Name

Paradise Cleaning Services LLC.

2. Principal Office Address - No P.O. Box #

301 W. Fray St.

Suite, Apt. #, etc.

3. Mailing Office Address

301 W. Fray St.

Suite, Apt. #, etc.

4. State/Country of Formation

FL. U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

2006

6. FEI Number

33-1140644

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Englewood, FL

Zip Country

34223 U.S.A.

City & State

Englewood, FL

Zip Country

34223 U.S.A.

8. Name and Address of Current Registered Agent

Name

Ronnie D. Smith Sr.

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

301 W. Fray St.

Suite, Apt. #, etc.

City

Englewood

State

FL

Zip Code

34223

E-mail Address:

800254231228  
11/26/13--01002--017 \*\*521.25

Paradisecleaning2@verizon.net  
(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

Ronnie D. Smith Sr.  
REGISTERED AGENT MUST SIGN

Date 11-06-13

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	Ronnie D. Smith Sr.	301 W. Fray St. Englewood	Englewood, FL. 34223
MGRM	Josie Smith	301 W. Fray St. Englewood	Englewood, FL. 34223
MGRM	Ronnie Smith Jr.	301 W. Fray St.	Englewood, FL. 34223
REINSTATEMENT 11/25/13 11/13 AL			

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

Ronnie D. Smith Sr.

Date 11-06-13

Daytime Phone # 941-270-2465

Typed or printed name of signing Managing Member/Manager Ronnie D. Smith Sr.