

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 14 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000114253

1. Limited Liability Company's Name

A + L PRESSURE CLEANING SERVICES,
LLC

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

2306 23RD WAY

Suite, Apt. #, etc.

3. Mailing Office Address

588 GREEN SPRINGS PL.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33407

Country

UNITED STATES

Zip

33409

Country

UNITED STATES

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

11/29/2006

6. FEI Number

205959576

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

JOSHUA ANTONELLI

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

588 GREEN SPRINGS PL.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33409

☐ 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

Joshua Antonelli
REGISTERED AGENT MUST SIGN

Date 11-3-08

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
MGR	JOSHUA ANTONELLI	588 GREEN SPRINGS PL.	WEST PALM BEACH, FL 33409
MGR	JOSEPH LENZ	2306 23RD WAY	WEST PALM BEACH, FL 33407
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		REINSTATEMENT 07-08	
		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.

Signature of
Managing Member/Manager

Joshua Antonelli

Date 11-3-08

Daytime Phone # 561-723-4893

Typed or printed name of signing Managing Member/Manager

JOSHUA ANTONELLI