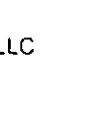


2019 DEC 10 PM 4:55

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		2019 DEC 10 PM 4:55																				
<b>DOCUMENT #</b> L07000029051																						
<b>1. Limited Liability Company's Name</b> CLEAN & SHINE SERVICES.LLC																						
<b>2. Principal Office Address - No P.O. Box #</b> 28100 SW 132ND AVE Suite, Apt #, etc.		<b>3. Mailing Office Address</b> 28100 SW 132ND AVE Suite, Apt #, etc.																				
<b>City &amp; State</b> HOMESTEAD, FLORIDA		<b>City &amp; State</b> HOMESTEAD, FLORIDA																				
<b>Zip</b> 33033	<b>Country</b> MIAMI-DADE	<b>Zip</b> 33033																				
<b>4. State/Country of Formation</b> MIAMI-DADE																						
<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/16/2007																						
<b>6. FEI Number</b> 41-2232738		<b>Applied For</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable																				
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>																						
<b>8. Name and Address of Current Registered Agent</b> <b>Name</b> FANIS CHERY <b>Street Address (P.O. Box Number is Not Acceptable) Suite</b> 28100 SW 132ND AVE <b>Apt #, Etc</b>  <b>City</b> HOMESTEAD <b>State</b> FL <b>Zip Code</b> 33033																						
<b>9. I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.</b> <b>Signature of Registered Agent</b> <i>Fanis Chery</i> <b>REGISTERED AGENT MUST SIGN</b> <b>Date</b> 12/3/19																						
<b>10. Names and Street Addresses of Authorized Representatives/Managers</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representatives/Managers</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>FANIS CHERY</td> <td>28100 SW 132ND AVE</td> <td>HOMESTEAD, FL 33033</td> </tr> <tr> <td colspan="4" style="text-align: center;"> <b>REINSTATEMENT</b>            2017-2019         </td> </tr> <tr> <td colspan="3"></td> <td>C. GOLDEN</td> </tr> <tr> <td colspan="3"></td> <td>JAN 15 2020</td> </tr> </tbody> </table>			Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGRM	FANIS CHERY	28100 SW 132ND AVE	HOMESTEAD, FL 33033	<b>REINSTATEMENT</b> 2017-2019							C. GOLDEN				JAN 15 2020
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip																			
MGRM	FANIS CHERY	28100 SW 132ND AVE	HOMESTEAD, FL 33033																			
<b>REINSTATEMENT</b> 2017-2019																						
			C. GOLDEN																			
			JAN 15 2020																			
<b>11. E-mail Address</b> _____ <small>(To be used for future annual report notifications)</small>																						
<b>12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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.</b>																						
<b>Signature of authorized representative/member</b> <i>Fanis Chery</i> <b>Date</b> 12/3/19 <b>Daytime Phone #</b> 786-712-1852																						
<b>Typed or printed name of signing authorized representative/member</b>																						