

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -3 AM 10: 21

DOCUMENT #

1. Limited Liability Company's Name

Cerutti Janitorial Services, LLC

500177996805
04/27/10--01017--003 **431.25

CR2E041 (11/09)

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

4582 SW 131 ter

Suite, Apt. #, etc.

Miramar, FL

City & State

33021 USA

Zip

Country

3. Mailing Office Address

THE SAME AS (2.)

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

3/27/07

6. FEI Number

20-8724772

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

JOSE LIA CERUTTI

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

THE SAME AS ABOVE

Suite, Apt. #, Etc.

City

State

Zip Code

FL

☐ 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

JOSE LIA CERUTTI

REGISTERED AGENT MUST SIGN

Date

4/23/10

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
MCA	Jose LIA Cerutti	4582 SW 131 ter	Miramar, FL 33023
GMA	Belkis Priob	"	" " "

REINSTATEMENT

2008-10-24

11. E-mail Address: jose.lia@phos.com

(To be used for future annual report notifications)

12. 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

JOSE LIA CERUTTI

Date

4/23/10

Daytime Phone #

286-970-1826

Typed or printed name of signing Managing Member/Manager

Jose LIA Cerutti