

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 CORPORATION

10 FEB 10 PM 3:47

DOCUMENT #

1. Limited Liability Company's Name

AllSaints Carpet Cleaning, LLC

900168242209
02/08/10--01062--010 **421.25
CR2E041 (11/09)

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

6603 Five Acre Rd

Suite, Apt. #, etc.

3. Mailing Office Address

6603 Five Acre Rd

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

Zip

33565

Country

Hillsborough

Zip

33565

Country

Hillsborough

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

April 10, 2006

6. FEI Number EIN

20-8812677

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

Karen Crumley

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

6603 Five Acre Rd

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

☒ 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

Karen Crumley

Date 2-5-10

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	Karen Crumley	6603 Five Acre Rd	Plant City FL 33565
Partner	Dewey Crumley	6603 Five Acre Rd	Plant City FL 33565
Partner	Michael Crumley	6601 Five Acre Rd	Plant City FL 33565

11. E-mail Address: Karen@allsaintscc.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

Karen Crumley

Date 2-5-10

Daytime Phone # (813) 986-2966

Typed or printed name of signing Managing Member/Manager

KAREN CRUMLEY

\$111.25 + \$5.00 cert's