

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 AUG 17 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000043842

1. Limited Liability Company's Name

**CLEAN JET FLORIDA, LLC**

000184289870  
08/12/10--01037--003 \*\*\$16.25  
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
**2453 SE 15TH ST**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH, FL**

Zip  
**33062**

Country  
**USA**

3. Mailing Office Address

**100 N BISCAYNE BLVD**

Suite, Apt. #, etc.

**SUITE 500**

City & State

**MIAMI, FL**

Zip  
**33132**

Country  
**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**04/25/2007**

6. FEI Number

**02-0810540**

☐ 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  
**JADE ASSOCIATES MIAMI INC**

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

**100 N BISCAYNE BLVD**

Suite, Apt. #, Etc.

**SUITE 500**

City

**MIAMI**

State

**FL**

Zip Code

**33132**

**L. SELLERS**

**AUG 18 2010**

**EXAMINER**

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

REGISTERED AGENT MUST SIGN

Date **08/06/2010**

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	MALFANTI SEBASTIEN	2453 SE 15TH STREET	POMPANO BEACH, FL 33062

**REINSTATEMENT**

08-2010

11. E-mail Address:

(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 808.406, 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

Date **08/06/2010**

Daytime Phone # **305-579-0220**

Typed or printed name of signing Managing Member/Manager **SEBASTIEN MALFANTI**