

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

13 MAY 15 PM 4:18

DOCUMENT # L07000055552

1. Limited Liability Company's Name

**KLEANN corporation GENERAL Services  
L.L.C.**

30024739113  
05/15/13--01017--002 \*\*243.75  
CR2E041 (1/11)

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

1350 Davie Rd. ext.

3. Mailing Office Address

P.O. Box 266663

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / U.S.A.

City & State

Hollywood FL.

City & State

Weston FL.

5. Date Organized or Qualified  
To Do Business in Florida

05-25-2007

Zip

33024

Country

U.S.

Zip

33326

Country

U.S.

6. FEI Number 26-0235028

~~11011~~

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

Boanerges Aguilar

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

7350 Davie Rd. ext.

Suite, Apt. #, Etc.

201

City

Hollywood

State

FL

Zip Code

33024

E-mail Address:

300247399113  
05/15/13--01017--003 \*\*272.50

boaguir12@hotmail.com

(To be used for future annual report notices)

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 04-24-2013

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
MEM	Boanerges Aguilar	P.O Box 266663	Weston - FL - 33326 33326
<p><b>REINSTATEMENT</b></p> <p>MAY 15 2013</p> <p>R. HUNT</p>			

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. 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.

Signature of Managing  
Member/Manager

Date 04-24-2013 Daytime Phone # 754-214-3770

typed or printed name of signing Managing Member/Manager