

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMIT C REIN	Y (1973)	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS				FILED 09 MAY -5 AM 8: 07		
DOCUMENT # L0700088077 1. Limited Liability Company's Name								SECRETARY OF STATE TALLAHASSEE FLORIDA
ANGEL'S CLEANERS, PSL, LLC							200155131362 05/01/0901056026 **282.50 cr26041 (10/08)	
2. Principa	I Office Addre	ess - No P.O. Box #	3. Mailing Of	ffice Address			1	CR2E041 (10/06)
248 SW PORT ST. LUCIE BLVD			9260 CASERTA ST				4. State/Country of Formation	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				FLORIDA	
							5. Date Organized or Qualified To Do Business in Florida AUGUST 27,2007	
City & State PORT S	City & State	City & State LAKE WORTH, FL			6. FEI Number Applied For 26-086514() Not Applicable			
Zip 34986	Country 86		Zip 33467		Coun	try	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee regularity for a Certificate of Status	
		8. Name and Address of	Current Regist	tered Agent				
Name ALISON LEFEW						A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
Street Address (P.O. Box Number is Not Acceptable) 131 N 2ND STREET								
Suite, Apt.		:E1					box, you are certifying the prior notices were not received and requesting the \$100	
						reinstatement be waived.		
City FORT P			State	Zip Code 34950				
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							Date	
REGISTERED AGENT MUST SIGN								
10. Names and Street Addresses of Managing Members/Managers							-	1
Titles	Name of Managing Members/Managers			Street Address of Eacl Managing Member/Mana			n iger 	City / State / Zip
MGRM	LYNN HOLMES			9260 CASERTA ST				LAKE WORTH, FL 33467
	SELLERS							
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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.								
Signature of Managing Member/Manager Aum Holmes Date 04-27-09 Daytime Phone # 772-532-7324								
Typed or printed name of signing Member/Manager LYNN HOLMES								