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

09 JAN 28 PM 1:58

DOCUMENT # L07000101912

1. Limited Liability Company's Name

One Incredible Cleaner, LLC

400141460504
01/20/09--01007--016 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
12339 Country Day Circle		PO Box 7586	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fort Myers, Florida		Fort Myers, Florida	
Zip	Country	Zip	Country
33913	USA	33911	USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida 10/08/2007

6. FEI Number 753-25-3775 ☐ 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
Adam L Kayler

Street Address (P.O. Box Number is Not Acceptable)
12339 Country Day Circle

Suite, Apt. #, Etc.

City	State	Zip Code
Fort Myers	FL	33913

☑ 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 Adam Kayler Date 01/14/09
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	Adam L Kayler	12339 Country Day Circle	Fort Myers, FL 33913
Mgrm	M Teresa Kayler	12339 Country Day Circle	Fort Myers, FL 33913

400141460504
01/29/09--01009--030 **143.75

REINSTATEMENT 2008, 2009

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 Adam Kayler Date 01/14/09 Daytime Phone # 239-768-2800

Typed or printed name of signing Managing Member/Manager Adam L Kayler

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