PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

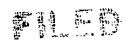
LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1. Limited Liability Company's Name Modern Maintenance Cleaning Systems, LLC



14 SEP 19 M 8 46

CR2E041 (1/14) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 13518 Avista Dr. 13518 Avista Dr. 4. State/Country of Formation Florida/U.S Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida March 19, 2008 City & State City & State 6. FEI Number Applied For Tampa, Fl Tampa, Fl Not Applicable Zip Country Zip Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED 🖸 **3**3624 U.S. 33624 U.S. for a Certificate of Status 8. Name and Address of Current Registered Agent Ronald Panter Street Address (P.O. Box Number is Not Acceptable) 13518 Avista Dr. Suite, Apt. #, Etc. **500264414235** 09/17/14--01010--005 **7 City Zip Code FL 33624 Tampa 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. 9-11-2014 Signature of Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Authorized Representatives/Managers Name of Street Address of Each Titles City / State / Zip Authorized Representatives/ Managers Authorized Representative/ Manager Ronald Panter 13518 Avista Dr. Owner Tampa, FI 33624 SEP 1 7 2014 M. WILLIAMS

11. E-mail Address: rpantermodern@outlook.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of

Authorized Representative/Manager Typed or printed name of signing Authorized Representative/Manager

Ronald Panter