PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000029264

1. Limited Liability Company's Name
M & M CLEANING SOLUTIONS, LLC

100326434191
2009/2019 01010--005 **1626.25
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
6801 LAKE WORTH RD
Suite, Apt #, etc
329
City & State
LAKE WORTH
Zip 33467 Country USA

3. Mailing Office Address
5359 GRAND BANKS BLVD
Suite, Apt #, etc.
City & State
GREENACRES FL
Zip 33463 Country USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida 03/21/2008

6. FEI Number
26-2242408
☐ 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
JACQUES SAINT-FLEUR
Street Address (P.O. Box Number is Not Acceptable) Suite,
5359 GRAND BNKS BLVD
Apt #, Etc
City
GREENACRES
State **FL** Zip Code 33463

FILED
2019 MAR 15 PM :19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of Registered Agent ______ Date 03/08/2019
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JACQUES SAINT-FLEUR	5359 GRAND BANKS BLVD	GREENACRES FL 33463
MGR	EMMANUELLA B. NERELUS	5359 GRAND BANKS BLVD	GREENACRES FL 33463

11. E mail Address: JSFLEUR@GMAIL.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member ______ Date 03/08/2019 Daytime Phone # 561-404-3155

Typed or printed name of signing authorized representative/member JACQUES SAINT-FLEUR