PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS-FORM. 14 MAY 13 PH 10: 19 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY SECRETARY OF STATE TALLAHASSEE FLORIDA Secretary of State -REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L 09 000034 964 FILING CANCELLED 1. Limited Liability Company's Name american Janitorial Cleaners Lie RETURNED CHECK CR2E041 (1/14) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 825 E. Edgwood Dr. 10-BOX 4. State/Country of Formation Lakeland Sulte, Apt. #, etc. apt 4 90584 Date Organized or Qualified To Do Business in Florida Copril 6, 2010 City & State City & State 6. FEI Number Applied For Florida Zip \$5.00 Additional Fee required 23803 hakcland CERTIFICATE OF STATUS DESIRED -BKeland for a Certificate of Status 8. Name and Address of Current Registered Agent Ch RIS time Street Address (P.O. Box Number is Not Acceptable) PAYK 200260189922 05/13/14--01028--001 **655.00 Zip Code State -Akeland 3801 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S. Signature of Date 05 /08 /2014 00 Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Authorized Representatives/Managers Street Address of Each Authorized Representative/ Manager Name of Titles City / State / Zip Authorized Representatives/ Managers 33803 ANA ದಿaez F, Edgwood Driveapt 117-LAKELAND AL 33803 MAY 1 6 2014 REINSTATEMENT L. SELLERS 11. E-mail Address: Cona betsy (a) & Mail 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 00 Authorized Representative/Manager Date 05/8/2019 Daytime Phone #

Exped or printed name of signing Authorized Representative/Manager