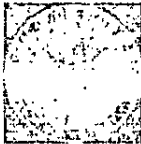


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11000019487**

1. Limited Liability Company's Name:

CLEARVIEW PRESSURE CLEANING

2. Principal Office Address (P.O. Box, etc.)
3953 SW 97TH ST

State, Apt. #, etc.

3. Mailing Office Address
3953 SW 97TH ST

State, Apt. #, etc.

4. City/County
GAINESVILLE, FL.

Zip
32608

Country
USA

5. City/County
GAINESVILLE, FL.

Zip
32608

Country
USA

6. State/County of Filing

FL / USA

7. Date of Filing

6/1/11

8. Filing Fee

45-2429383

9. Certificate of Status Desired

X

10. Name and Address of Current Registered Agent

Name
STEPHEN SMITH

Street Address (P.O. Box No. or Aerial Post Office)
3953 SW 97TH ST

State, Apt. #, etc.

GAINESVILLE

32608

11. Being appointed the registered agent of the above named limited liability company, an individual familiar with and accepts the obligations of the position.

Signature of Registered Agent
Stephen Smith

Printed Name of Registered Agent

12. Names and Street Addresses of Authorized Representatives

Title	Name of Authorized Representative	Street Address of Representative	City/County/Zip
OWNER	MICHELE SMITH	3953 SW 97TH ST.	GAINESVILLE, FL. 32608

REINSTATEMENT

2073-214 377,50

CLEARVIEW ISO @YAHOO.COM

S. HAWKES

FEB 27AM

EXAMINER

13. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named limited liability company is a corporation organized under the laws of the State of Florida, and that it is entitled to do business in this State.

Signature of Authorized Representative
X
MICHELE SMITH

Date of Filing

1/29/13