PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 FEB 27 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000019487

1. Limited Liability Company's Name

CLEARVIEW PRESSURE CLEANING

2. Principal Office Address	3. Mailing Address
3953 SW 97TH ST	3953 SW 97TH ST
Suite, Apt #, etc	Suite, Apt #, etc
GAINESVILLE, FL.	GAINESVILLE, FL.
Zip 32608 / Country USA	Zip 32608 / Country USA

4. State/Country of Formation: FL / USA

5. Date of Organization: 6/1/11

6. FEI Number: 45-2429383 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED X $5.00 Additional Fee Required (for Certificate of Status)

8. Name and Address of Current Registered Agent

Name: STEPHEN SMITH

Street Address (P.O. Box NOT acceptable): 3953 SW 97TH ST

Suite, Apt # etc.

City: GAINESVILLE FL 32608

200256630612
02/27/14--01033--012 **138.75

200256630612
02/11/14--01021--010 **243.75

9. I hereby accept the appointment as registered agent of the above named limited liability company, and am familiar with and accept the obligations of the position.

Signature of Registered Agent: Stephen Smith 1/29/14

REGISTERED AGENT SIGNATURE

10. Names and Street Addresses of Authorized Representatives / Managers

Title	Name of Authorized Representative or Manager	Street Address of Each	City, State, Zip
MNGR.	MICHELE SMITH	3953 SW 97TH ST.	GAINESVILLE, FL. 32608

REINSTATEMENT
2013 - 2014
377.50

S. HAWKES
FEB 27 A.M.
EXAMINER

E-mail Address: CLEARVIEW150@YAHOO.COM

I certify that the information indicated on this form is true and accurate. [illegible] I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Authorized Representative or Manager: X 1/29/13 Daytime Phone:

Typed or printed name of Authorized Representative or Manager: MICHELE SMITH