(H18000177003)

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2018 JUN 13 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000100044

1. Limited Liability Company's Name
REEDY CLEANING SERVICES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1231 N. 14TH STREET	1231 N. 14TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG, FL	City & State: LEESBURG, FL
Zip: 34748 Country: US	Zip: 34748 Country: US

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA/US

5. Date Organized or Qualified To Do Business in Florida: 08/31/2011

6. FEI Number: 45-3134967 ☐ 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: JOHN BICKERSTAFF

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1231 N 14TH STREET

Apt. #, Etc.:

City: LEESBURG State: FL Zip Code: 34748

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: X John Bickerstaff Date: X 6/13/18
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JOHN BICKERSTAFF	1231 N.14TH STREET	LEESBURG, FL 34748

11. E-mail Address: jbicka12@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of 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: X John Bickerstaff Date: X 6/13/18 Daytime Phone #: X 321-689-3128

Typed or printed name of signing authorized representative/member: JOHN BICKERSTAFF

(H18000177003)

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
REEDY CLEANING SERVICES, LLC

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