

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 14 FEB 24 PM 2:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 CR2E871 (1/14)

DOCUMENT # L12000058612

1. Limited Liability Company's Name

Reid Property Maintenance, LLC

2. Principal Office Address - No P.O. Box #

9186 SW 2 St.

Suite, Apt. #, etc.

3. Mailing Office Address

9186 SW 2 St.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified To Do Business in Florida

5/1/12

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428

Country

US

Zip

33428

Country

US

6. FEI Number

46-4839489

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

Michael Florenco

Street Address (P.O. Box Number is Not Acceptable)

9186 SW 2 St.

Suite, Apt. #, Etc.

1

City

Boca Raton

State

FL

Zip Code

33428

500257103495
02/24/14--01045--015 **238.75

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

[Signature]

Date 2/17/14

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
<u>Mgr</u>	<u>Michael Florenco</u>	<u>9186 SW 2 St.</u>	<u>Boca Raton, FL 33428</u>

11. E-mail Address: MFlorenco@CenterFireTAC.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 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

Authorized Representative/Manager: [Signature]

Date 2/17/14

Daytime Phone #

9543095432

Typed or printed name of signing Authorized Representative/Manager

Michael Florenco