PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 28 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name

L12000069845
O.P. Cleaning Solutions LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
188 Venus Lane	188 Venus Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park FL
Zip: 32073 Country: USA	Zip: 32073 Country: USA

4. State/Country of Formation: Florida USA
5. Date Organized or Qualified To Do Business in Florida: 5-21-2012
6. FEI Number: 80-0150768 ☐ 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: Jeff & Jeff Accounting & Bookkeeping Srv Inc.
Street Address (P.O. Box Number is Not Acceptable): 950-23 Blanding Blvd
Suite, Apt. #, Etc.: 1606
City: Orange Park State: FL Zip Code: 32073

900262199819
07/11/14--01039--006 **238.75
900262199819
07/28/14--01053--007 **138.75

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 _____ Date _____
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
MGR	Michael L. Barto	355 Wildwood Lane	Orange Park, FL 32073
~~MGR~~	Sven Griesman	355 Wildwood Lane	Orange Park FL 32073
AR	Ana Rosa	355 Wildwood Lane	Orange Park FL 32073

11. E-mail Address: Michael Barto 2002@yahoo.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: Michael L. Barto Date: 6-15-2014 Daytime Phone #: 904-589-4830

Typed or printed name of signing Authorized Representative/Manager: Michael L. Barto

RG 7/30/14