

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

14 MAY -2 PM 4:34

SECRETARY OF STATE
FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000075655

1. Corporation Name

L AND R CLEANING, LLC

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

401 Rogers Street

Suite, Apt. #, etc.

Apt. 1

City & State

Fort Walton, FL

Zip

32548

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR25081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 4/2012

5. FEI Number

45-5532135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

98.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

300259826843

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sue G. Knight

Sue G. Knight

Date

5-1-14

REGISTERED AGENT MUST SIGN Assistant Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors.)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AMBR	Alicia Landaverde	401 Rogers Street, Apt 1	Fort Walton, FL 32548

10. E-mail Address: Danielrwh@hotmai.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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.817.135, F.S.

SIGNATURE:

Alicia Landaverde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/14

850 5863

Date

Daytime Phone #

2856/14