
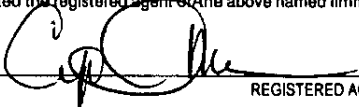
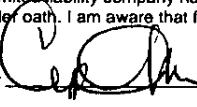


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L14000017060</u>			
1. Limited Liability Company's Name <u>Professional Cleaning & Windows LLC</u>			
2. Principal Office Address - No P.O. Box # <u>5080 64th St N.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>St Pete FL</u>		City & State	
Zip <u>33709</u>	Country <u>United States</u>	Zip	Country
8. Name and Address of Current Registered Agent			
Name <u>Cynthia Martin</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <u>5080 64th St N.</u>			
Apt. #, Etc.			
City <u>St Pete</u>	State <u>FL</u>	Zip Code <u>33709</u>	
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 <u>8-12-16</u>	
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>HGR</u>	<u>Cynthia Martin</u>	<u>5080 64th St N.</u>	<u>St Pete, FL 33709</u>
REINSTATEMENT <u>2015-2016</u>			<u>S. HAWKES</u>
			<u>AUG 11 A.M.</u>
			EXAMINER
11. E-mail Address: <u>Procleanm@yahoo.com</u>			
(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 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 		Date <u>8-12-16</u> Daytime Phone # <u>(727) 743-0701</u>	
Typed or printed name of signing authorized representative/member <u>Cynthia Martin</u>			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

PROFESSIONAL CLEANING AND WINDOWS LLC
5080 64TH ST N
ST PETE, FL 33709

SUBJECT: PROFESSIONAL CLEANING AND WINDOWS LLC
Ref. Number: L14000017060

We have received your document for PROFESSIONAL CLEANING AND WINDOWS LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2015 through 2016; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 316A00017452