

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT -6 AM 9:28

DOCUMENT # LIS000151312

1. Limited Liability Company's Name

Deen Clean of Jacksonville, LLC

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

4864 Wandering Pines Trail N

3. Mailing Office Address

4864 Wandering Pines Trail N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip

32258

Country

USA

Zip

32258

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/1/2015

6. FEI Number

47-5100387

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

Serene Deen

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

4864 Wandering Pines Trail N

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

900291003879
10/06/16--01027--001 **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

Serene C. Deen

Date 10-1-16

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
MGRM Deen	SERENE	4864 Wandering Pines Trail N	Jacksonville FL 32258

11. E-mail Address: deen.clean.1@gmail.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 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

Serene C. Deen

Date

10-1-16

Daytime Phone #

904-442-0495

Typed or printed name of signing authorized representative/member