PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 FEB 16 AM 8:24
TALLAHASSEE, FLORIDA

DOCUMENT # L15000213310

1. Limited Liability Company's Name
Polish Cleaning LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3110 Ocean Shore Blvd	3110 Ocean Shore Blvd
Suite, Apt. #, etc.: 214	Suite, Apt. #, etc.: 214
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32176 Country: USA	Zip: 32176 Country: USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business In Florida: 12-28-2015

6. FEI Number: 81-0920152 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

500295311135
02/08/17--01014--017 **15.75
500295311135
02/08/17--01014--016 **328.00
500295311135
02/16/17--01013--007 **33.75

8. Name and Address of Current Registered Agent

Name: Elizabeth P. Johnson
Street Address (P.O. Box Number is Not Acceptable) Suite,: 3110 Ocean Shore Blvd
Apt. #, Etc.: 214
City: Ormond Beach State: FL Zip Code: 32176

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: Elizabeth P Johnson Date: 1/3/17
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	Elizabeth P. Johnson	3110 Ocean Shore Apt 214 Blvd	Ormond Beach, FL. 32176
			FEB 16 2017
	REINSTATEMENT		R. HUNT

11. E-mail Address: ellyj200@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: Elizabeth P Johnson Date: 1/3/17 Daytime Phone #: 386 451-9862

Typed or printed name of signing authorized representative/member: Elizabeth P. Johnson