PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 DEC -5 PM 1:53

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Limited Liability Company's Name
Harris Commercial Cleaning Services, LLC

700305388427
12/05/17--01031--004 **238.75
CR2E041 (12/13)

Principal Office Address - No P.O. Box #	3. Mailing Office Address
121 Ray Rd	121 Ray Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy, FL	City & State: Quincy, FL
Zip: 32351 Country:	Zip: 32351 Country: US

4. State/Country of Formation: FL US

5. Date Organized or Qualified To Do Business in Florida: 08-04-16

6. FEI Number: 81-3449016 ☐ 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: Shannon Harris

Street Address (P.O. Box Number is Not Acceptable): 121 Ray Rd

Suite, Apt. #, Etc.:

City: Quincy | State: FL | Zip Code: 32351

E-mail Address: reshard79@me.com
(To be used for future annual report notices)

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: Shannon Harris Date: 12/5/17
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles MBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Shannon Harris	121 Ray Rd	Quincy, FL 32351
MGR	Vertice Holloman	Smith St	Quincy, FL 32351

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person: Shannon Harris Date: 12/5/17 Daytime Phone #: 941-323-4424 (new 12/5/17)

Typed or printed name of signing Authorized Person: