

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 11800062269

1. Limited Liability Company's Name

Fresh Start Cleaning Solution LLC

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

21503 olean blvd

Suite, Apt. #, etc.

3. Mailing Office Address

21503 olean blvd

Suite, Apt. #, etc.

City & State

Port charlotte FL

Zip

33952

Country

USA

City & State

Port charlotte FL

Zip

33952

Country

USA

8. Name and Address of Current Registered Agent

Name

Ditunje Kerimi

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

21503 olean blvd

Apt. #, Etc.

City

Port charlotte

State

FL

Zip Code

33952

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

July 7, 2018

6. FEI Number

83-1149421

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

~~03/09/22--01008--022 \$455.00~~

100383350381
03/09/22--01008--022 \$455.00

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

[Signature]

Date March 1, 2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Jovan Wallace	21503 olean blvd	Port charlotte FL, 33952
AR	Ditunje Kerimi	21503 olean blvd	Port Charlotte FL, 33952

11. E-mail Address: Jovan Wallace 7 @ 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

[Signature]

Date

3-1-22

Daytime Phone #

941-345-0058

2022 MAR -9 AM 10:42

FILED

C. BRUMBLEY
MAR 29 2022