PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.										
COMPANY REINSTATEMENT COMPONE COMPONE						FILED 01 SEP 24 AM 11: 42 SECRETARY OF STATE				
DOCUMENT # L9900000 2392 1. Limited Liability Company's Name AIRWAY CLEANERS LLC						TAL	LAHA:	RRY OF STATE	Ā -	. /
			Office Address			The second secon	····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Suite, Apt. #, etc. Suite, Apt. #			<u>5477E</u> , etc.			4. State/Country of Formation				
3216						5. Date Organized or Qualified To Do Business in Florida				
State City & State City & S			& State			6. FEI Number				lied For
Zip 1143	Country	Zip		Country		7. CERTIFICATE	OF STATU		Not Additional F a Certificate	
Signature o										
Registered Agent T Bate T A T D T Date									8	
10. Name	s and Street Addresses of Managing Memi	ers/Managers		_						
Titles	Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager			ger	City / State / Zip			
ρ	ERNEST CATANES	510 EStates Terrace NoAh				Mo	nhasset	NIN	030	
\checkmark	FREDERICK CATANE	31 Charleston Drive				Huntington NY11743				
TS	CATHERINE DEPHI	384 Nassau Avenu			venue.	Manhasset NY				
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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. Signature of										
Managing M	tember/Manager	ERENERICK CATONESE								
Typed or printed name of signing Managing Member/ManagerFREDERICK CATANESE										

Principal Committee of the Committee of