

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 23 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001441

1. Limited Liability Company's Name

Hospital Housekeeping Systems GP, LLC

000131630920
06/24/08--01036--004 **555.00

CR2E041 (12/07)

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

322 Congress Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

322 Congress Ave.

Suite, Apt. #, etc.

City & State

Austin, Texas

Zip

76701

Country

City & State

Austin, Texas

Zip

78701

Country

4. State/Country of Formation

TEXAS

5. Date Organized or Qualified
To Do Business in Florida

01/01/2001

6. FEI Number

74-2985175

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500. Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bob Floyd

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

9550 125th Street

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/18/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Craig Holmes	322 Congress Austin, TX 78701	
MEM	Bob Floyd	9550 125th Street Seminole, FL 33772	
MEM	Roy Thornton	322 Congress Austin, TX 78701	

REINSTATEMENT

05-08

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 filing 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 Member/Manager

Date

6/18/08

Daytime Phone #

512.478.1888

Typed or printed name of signing Managing Member/Manager

Craig Holmes