

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M05000003243

1. Limited Liability Company's Name

CLASS ACT CLEANING SERVICE, LLC

CR2E041 (8/05)

2. Principal Office Address
2700 Berlin Turnpike

Suite, Apt. #, etc.

City & State
Berlin, CT

Zip
06037

Country
USA

3. Mailing Office Address
6215 Northwest 53rd Circle

Suite, Apt. #, etc.

City & State
Coral Springs, FL

Zip
33067

Country
USA

4. State/Country of Formation
Connecticut, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
061470334

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
Dan Butler

Street Address (P.O. Box Number is Not Acceptable)
6215 Northwest 53rd Circle

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33067

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

Dan Butler

Date 1/03/2007

REGISTERED AGENT MUST SIGN

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
President	Scott Cohen	2700 Berlin Turnpike	Berlin, CT 06037
Member	Dan Butler	6215 Northwest 53rd Circle	Coral Springs, FL 33067

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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., and 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

Scott Cohen

Date 1/03/2007

Daytime Phone # 860-828-8496

Typed or printed name of signing Managing Member/Manager Scott Cohen