

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RECEIVED
15 APR 13 PM 2:52
FALLEN ROSE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
PERFORMANCE CLEAN, LLC

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M08000001348 1. Limited Liability Company's Name Performance Clean, LLC			
2. Principal Office Address - no P.O. Box One Brewers Way Suite, Apt. #, etc.		3. Mailing Office Address One Brewers Way Suite, Apt. #, etc.	
City & State Milwaukee, WI		City & State Milwaukee, WI	
Zip 53214	Country USA	Zip 53214	Country USA
4. State/Country of Formation Wisconsin			
5. Date Organized or Qualified To Do Business in Florida April 8, 2008			
6. FEI Number 28-4685181		Applied Fee ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ IF CO-OWNERSHIP FEE REQUIRED FOR A CERTIFICATE OF STATUS			
8. Name and Address of Current Registered Agent Name F&L Corp. Street Address (P.O. Box Number is Not Acceptable) Suite One Independent Dr. #1300 Apt. #, Bldg. City Jacksonville			
State FL		Zip Code 32202	
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 <u><i>Stanley Shapiro</i></u> Date <u>3/13/15</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representative/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGR	Gregory Heath	One Brewers Way	Milwaukee, WI 53214
MGR	Kim Heath	One Brewers Way	Milwaukee, WI 53214
11. E-mail Address <u>gheath@performanceclean.com</u> (Not used for others shown upon notification)			
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 requirements 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 § 817.135, F.S.			
Signature of authorized representative/manager <u><i>Gregory Heath</i></u>		Date <u>3-13-15</u> Daytime Phone # <u>414 902-4439</u>	
Typed or printed name of signing authorized representative/manager <u>Gregory Heath</u>			

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of **Performance Clean, LLC**

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Wisconsin

(State or Country of Organization)

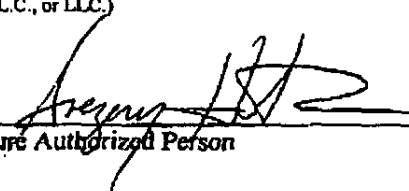
Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Performance Clean Services LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)


Signature Authorized Person

4/13/2015

Date