

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 24 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090917

1. Limited Liability Company's Name

FIVE STAR CLEANING SYSTEMS INC

REINSTATEMENT 02-03

200025159382

12/24/03--01040--004 **150.00

2. Principal Office Address

130 S. White Cedar Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 181584

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32771

Country

Sem

City & State

Casselberry FL

Zip

32718

Country

Sem

4. State/Country of Formation

FL / Seminole

5. Date Organized or Qualified
To Do Business in Florida

9/11/2001

6. FEI Number

NONE

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

Sandy M Cohen

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

130 S. White Cedar Rd

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

Sandy M Cohen

REGISTERED AGENT MUST SIGN

Date

11/28/03

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
Pres	Sandy M Cohen	130 S. White Cedar Rd	Sanford FL 32771

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

Sandy M Cohen

Date

11/28/03

Daytime Phone #

407-332-7534

Typed or printed name of signing Managing Member/Manager

SANDY M. COHEN

CR2E041 (10/02)

Wednesday, December 17, 2003

division of corporations
Department of State
P. O. Box 6327
tallahassee, FL 32314

Dear division:

As requested on the phone I am stating that I did not receive the paperwork to refile my corporation in the year 2002. I do have problems receiving my mail at my Post Office Box once in a while.

We are a very small company just bearily keeping our doors open I am asking to reinstate our corporation without the fines of balance due of \$750.00

Enclose is a check for the amount of \$150.00 which I was told on the phone is the balance of the \$300.00 .

We ask you to review this mistake and help us to follow all the requirements for doing business in our great state of Florida. We at Five Star Cleaning Systems Inc. thank all of you for this assistance.

Sincerely,

Sandy M. Phipps

Doc # 901000090917