

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 10 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004881

1. Limited Liability Company's Name

The Rock Landscaping and Maintenance, LLC.

400035808714
05/10/04--01055--027 **205.00

2. Principal Office Address

6440 S.W. 23rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

3006 Aviation Avenue

Suite, Apt. #, etc.

Suite 2A

City & State

Miami, Florida

City & State

Coconut Grove, Florida

Zip

33155

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/25/02

6. FEI Number

134209741

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

Florida Corporate Services, LLC.

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

3006 Aviation Avenue

Suite, Apt. #, Etc.

Suite 2A

City

Coconut Grove, Florida

State
FL

Zip Code
33133

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 5/4/04

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
MGR	Humberto Rivera	6440 S.W. 23rd Street	Miami, Florida 33155

REINSTATEMENT

03-04
OR

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

[Handwritten Signature]

Date 5/4/04

Daytime Phone # 786.258.2857

Typed or printed name of signing Managing Member/Manager Humberto Rivera

CR2E041 (10/02)