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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001333

Name and Mailing Address

0016626 01 MB 0.309 **AUTO T1 0 0615 68512-933801

LANDSCAPES UNLIMITED, L.L.C. OF NEBRASKA
1201 ARIES DRIVE
LINCOLN NE 68512-9338

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business
1201 ARIES DRIVE
LINCOLN NE 68512

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
NE

5. Date Organized or Qualified To Do Business in Florida 08/20/1999

6. FEI Number
47-0822871

☐ 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**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. **Name and Address of New Registered Agent**

Name

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

City FL Zip Code

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

Signature of Registered Agent SIGNATURE REQUIRED Beverlee Stuewe Assistant Secretary Date 10-23-2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KUBLY, WILLIAM M	1201 ARIES DRIVE	LINCOLN NE 68512

600024615766
11/13/03--01002--004 **150.00

REINSTATEMENT -03 dcc

12. 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/Manage SIGNATURE REQUIRED Date 10-24-2003 Daytime Phone # 402-423-6653

Typed or printed name of signing Managing Member/Manager