

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 000000003148**

1. Limited Liability Company's Name

A CUT ABOVE LAWN & LANDSCAPE, LLC

2. Principal Office Address

1205 SE 32ND AVE

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34471

Country

3. Mailing Office Address

1205 SE 32ND AVE

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34471

Country

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

04/00

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

STUART COMPTON

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

1205 SE 32ND AVE

Suite, Apt. #, Etc.

400004762524-5

-01/09/02--01044--015

******150.00 ****150.00**

City

OCALA

State

FL

Zip Code

34471

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

JS Compton

Date **12-21-01**

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
N/A	STUART COMPTON	1205 SE 32ND AVE	OCALA, FL 34471

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

JS Compton

Date **12-21-01**

Daytime Phone # **352-840-9696**

Typed or printed name of signing Managing Member/Manager