

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023546628

10/03/03--01071--001 **200.00

1. DOCUMENT # L00000014609

Name and Mailing Address

0002433 01 FP 0.352 **PRST T8 0 0615 33155-30367

INTERNATIONAL LANDSCAPING L.L.C.

6327 S.W. 32ND STREET

MIAMI FL 33155-3036



2. New Mailing Address

City, State, Zip

Principal Place of Business

6327 S.W. 32ND STREET
MIAMI FL 33155

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/20/2000

6. FEI Number

65-1063037

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

BARRIOS, ERNESTO L
6327 S.W. 32ND STREET
MIAMI FL 33155

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 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 9-29-03

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
OWNER	BARRIOS, ERNESTO L	6327 S.W. 32ND STREET	MIAMI FL 33155
Manager	FLORIAN YOLANY	6327 S.W. 32 St.	Miami, FL 33155

REINSTATEMENT

08-03
dec

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/Manager

Date 9-29-03

Daytime Phone # 305-218-9996

Typed or printed name of signing Managing Member/Manager

ERNESTO L. BARRIOS

CR2E084 (8/02)