

L01000003383

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000003383

1. Limited Liability Company's Name

RAE OF SUNSHINE NURSERY, LLC

2. Principal Office Address

~~99999~~ 24390 SW 162 AVE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33031

Country

USA

3. Mailing Office Address

24390 SW 162 AVE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33031

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/01

6. FEI Number

651087073

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

FILED

2003 OCT -8 PM 4:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

800023613078

10/08/03--01029--002 **150.00

8. Name and Address of Current Registered Agent

Name

JOHN ANTHONY

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

732 NE 87 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

John Anthony

REGISTERED AGENT MUST SIGN

Date

10/02/03

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
MGR	JOHN ANTHONY	732 NE 87 TH ST	MIAMI FL 33138
MGR	RAELENE CAREY	24390 SW 162 AVE	HOMESTEAD, FL 33031

REINSTATEMENT

2003

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

John Anthony

Date

10/02/03

Daytime Phone #

305-527-7842

Typed or printed name of signing Managing Member/Manager

JOHN ANTHONY

CR20041 (10/02)