

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:53

DOCUMENT # LO1000006197

1. Limited Liability Company's Name

HARRY MAXIME LANDSCAPING, LLC

2. Principal Office Address

4588 CARTHAGE CIRCLE N

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

33463

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10-01-2004

6. FEI Number

65-1075325

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

HARRY MAXIME

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

5033 SOLAR POINT DRIVE

Suite, Apt. #, Etc.

City

GREENACRES

State

FL

Zip Code

33463

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

Date

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
MGR	HARRY MAXIME	5033 SOLAR POINT DRIVE	GREENACRES, FL 33463
			800077728928 07/19/06--01047--012 **250.00
			REINSTATEMENT 04-06

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

*Harry Maxime*

Date

06/30/06

Daytime Phone #

561-756-7139

Typed or printed name of signing Managing Member/Manager

HARRY MAXIME