

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

09 MAR 17 PM 12:00

DOCUMENT # LO1000006197

1. Limited Liability Company's Name

HARRY MAXIME LANDSCAPING, LLC

000145992860
03/17/09--01010--021 **277.50

000145992860
03/17/09--01010--022 **377.30

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4588 CARTHAGE CIRCLE NORTH

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

3. Mailing Office Address

4588 CARTHAGE CIRCLE NORTH

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 04/18/2001

6. FEI Number

LO1000006197

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

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Harry Maxime

REGISTERED AGENT MUST SIGN

Date 03/03/09

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

REINSTATEMENT

REINSTATEMENT

03/03/09 BM

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 03/03/09 Daytime Phone # 561-756-7139

Typed or printed name of signing Managing Member/Manager