

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

05 DEC 30 AM 10:31

DOCUMENT # LD000008481

1. Limited Liability Company's Name

NEW LOOK LAWN CARE, LLC

200062776422
01/05/06--01032--002 **200.00

CR2E041 (8/05)

2. Principal Office Address

616 STANTON DR

Suite, Apt. #, etc.

3. Mailing Office Address

616 STANTON DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

USA

City & State

WESTON, FL

Zip

33326

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5-29-01

6. FEI Number

65-1105794

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

ELISABETH DUMAS

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

616 STANTON DR

Suite, Apt. #, Etc.

City

WESTON,

State

FL

Zip Code

33326

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

E. Dumas

REGISTERED AGENT MUST SIGN

Date

1-1-06

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
MGRM	ELISABETH DUMAS	616 STANTON DR	WESTON, FL 33326

REINSTATEMENT 04-05

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

E. Dumas

Date

1-1-06

Daytime Phone #

(954) 389-9250

Typed or printed name of signing Managing Member/Manager

ELISABETH DUMAS