

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000018417
FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018417

Name and Mailing Address

0010629 01 FP 0.352 **PRSRT H9 0 0615 34769-142840



GREENER LAWN ENFORCEMENT LLC
3840 BLACKBERRY CIRCLE
ST. CLOUD FL 34769-1428



| | | | |
|---|-----------------------------------|---|---------------------|
| 2. New Mailing Address 12501 Winfield Scott Blvd. City, State, Zip Orlando, FL 32837 | | 4. State/Country of Formation FL | |
| 5. Date Organized or Qualified To Do Business in Florida 10/15/2001 | | 6. FEI Number 59-3749192 | |
| Principal Place of Business 3840 BLACKBERRY CIRCLE ST. CLOUD FL 34769 | | 3. New Principal Place of Business Address City, State, Zip | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | | Applied For Not Applicable | |
| 8. Name and Address of Current Registered Agent PUTRIMENT, CRAIG 3840 BLACKBERRY CIRCLE ST. CLOUD FL 34769 | | 9. Name and Address of New Registered Agent Name Craig Putriment Street Address (P.O. Box Number is Not Acceptable) 12501 Winfield Scott Blvd. City Orlando FL Zip Code 32837 | |
| 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 <i>Craig Putriment</i> Date 10-28-02 REGISTERED AGENT MUST SIGN | | | |
| 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 |
| Mem | Craig Putriment | 12501 Winfield Scott Blvd., | Orlando, FL 32837 |
| Mem | Manuel Serdio, Jr. | 2230 Cascades Blvd. | Kissimmee, FL 34741 |
| Mem | Ralph Moore | 1207 Creekwood Circle | St. Cloud, FL 34772 |
| Mem | John Clayton | 3840 Blackberry Circle | St. Cloud, FL 34769 |
| REINSTATEMENT | | 8000008758258 11/01/02--01054--014 **150.00 | |

CR2E084 (8/02)

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 *Craig Putriment* Date 10-28-02 Daytime Phone # (407) 230-5842

Typed or printed name of signing Managing Member/Manager Craig Putriment