

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

03 NOV 10 PM 6:51

CL 1089
10-31-03
\$150.00

DOCUMENT # L02000015722

1. Limited Liability Company's Name

Plant Factory Garden Center LLC

2. Principal Office Address

7547 Park Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Zip

33467

Country

Palm Beach

Zip

Country

500024528575

11/10/03--01006--009 **150.00

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/21/2003

6. FEI Number

06-1656933

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

MICHELLE LANCIANESE

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

7547 Park Lane

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code -

33467

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

[Signature]

Date

10-29-03

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
Manage	MICHELLE LANCIANESE	7547 Park Lane	Lake Worth, Fl. 33467

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

[Signature]

Date

10-29-03

Daytime Phone #

561-439-2903

Typed or printed name of signing Managing Member/Manager

MICHELLE LANCIANESE

CR2E041 (10/02)