PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 29 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017873

1. Limited Liability Company's Name

STARKEY ROAD NURSERY, LLC

REINSTATEMENT

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14051 Starkey Road	14051 Starkey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL 33446	City & State: Delray Beach, FL 33446
Zip: 33446 Country: Palm Beach	Zip: 33446 Country: Palm Beach

4. State/Country of Formation: Florida/ Palm Beach

5. Date Organized or Qualified To Do Business in Florida: 7/16/2002

6. FEI Number: 42-1543214 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: David B. Dickenson, Esquire

Street Address (P.O. Box Number is Not Acceptable): 980 North Federal Highway, Suite 410

Suite: Dickenson Murphy Rex and Sloan

City: Boca Raton State: FL Zip Code: 33432

☒ 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: DAVID B DICKENSON Date: 12/28/2009

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	Robert C. Tritsch	17833 Bonfello Drive	Boca Raton, FL 33496

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11. E-mail Address: cgsedmrslaw.com
(To be used for future annual report notifications)

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: Robert C. Tritsch Date: 12/28/2009 Daytime Phone #: 561-391-1900

Typed or printed name of signing Managing Member/Manager: Robert C. Tritsch 12/28/09