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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
04 APR 12 PM 1:15

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1. Limited Liability Company's Name
Hilimire Integrated Landscaping, LLC.
REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
4131 Louis Ave.	
Suite, Apt. #, etc.: Unit # 1	Suite, Apt. #, etc.
City & State: Holiday, Florida	City & State
Zip: 34691 Country: U.S.	Zip Country

4. State/Country of Formation: FL U.S.

5. Date Organized or Qualified To Do Business in Florida: July 31 2002

6. FEI Number: 56-2285284 ☐ 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: Lloyd Hilimire

Street Address (P.O. Box Number is Not Acceptable): 4131 Louis Ave.

Suite, Apt. #, Etc.: Unit 1

City: Holiday, FL State: FL Zip Code: 34691

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: Lloyd Hilimire Date: 04-08-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres.	Lloyd Hilimire	4131 Louis Ave Unit 1	Holiday, FL 34691
		2003-	
	REINSTATEMENT	2004	

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: Lloyd Hilimire Date: 04-08-04 Daytime Phone # (727)-457-9419

Typed or printed name of signing Managing Member/Manager: Lloyd Hilimire