

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -1 AM 10:54

DOCUMENT #

L02000024926

1. Limited Liability Company's Name

EXTREME LANDSCAPES LLC

L02000024922

CR2E041 (8/05)

2. Principal Office Address

6500 SW 135 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PINECREST, FLORIDA

City & State

SAME

Zip

33156

Country

USA

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA

USA

5. Date Organized or Qualified
To Do Business in Florida

09/20/02

6. FEI Number

41-2080307

☒ 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

GLENN A. EKBLOM

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

6500 SW 135 TERR

Suite, Apt. #, Etc.

900060499039

10/11/05--01048--010 **205 00

City

PINECREST

State

FL

Zip Code

33156

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

Glenn A. Ekblom
REGISTERED AGENT MUST SIGN

Date

10/05/05

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. OWNER	GLENN A. EKBLOM	6500 SW 135 TERR	PINECREST, FL 33156

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

Glenn A. Ekblom

Date

10.29.05

Daytime Phone #

305 662 2812

Typed or printed name of signing Managing Member/Manager

GLENN A. EKBLOM