

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # L02000027228

1. Limited Liability Company's Name

H & M Nurseries, LLC

2. Principal Office Address

180 E. Inlet Drive

Suite, Apt. #, etc.

3. Mailing Office Address

180 E. Inlet Drive

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/15/02

6. FEI Number

81-0576022

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

Mark M. Hasner

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

One S.E. 3rd Avenue

Suite, Apt. #, Etc.

Suite 2400

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

10-4-04

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 M	Kevin McGann	180 E. Inlet Drive	Palm Beach, FL 33480

REINSTATEMENT

03-04 GA
WS

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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

Date

10/5/04

Daytime Phone #

202 385 4700

Typed or printed name of signing Managing Member/Manager

Kevin McGann