

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
06 JUL 27 AM 10:56

DOCUMENT # **L03000003583**

1. Limited Liability Company's Name

Lawn Doctor of New Tampa, L.L.C.

2. Principal Office Address

11622 Pyramid Drive

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip

33556

Country

USA

3. Mailing Office Address

P.O. Box 3084

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34692

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

Jan 29, 2003

6. FEI Number

14-1870008

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

Peter Lucadano

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

9246 Via Segovia Drive

Suite, Apt. #, Etc.

City

New Port Richey,

State
FL

Zip Code

34655

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]

REGISTERED AGENT MUST SIGN

Date **7-26-06**

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
MGRM	Peter Lucadano	9246 Via Segovia Drive	New Port Richey, FL 34655
MGRM	David Lucadano	10020 Living Word Court	New Port Richey, FL 34654

REINSTATEMENT 04-06

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 **7-26-06**

Daytime Phone# **(727) 919-3915**

Typed or printed name of signing Managing Member/Manager

Peter Lucadano