
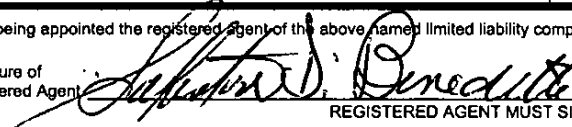
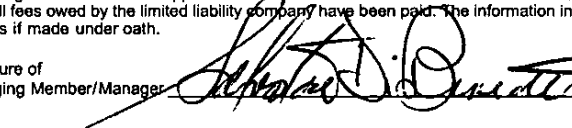


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L 030000 25 005			
<b>1. Limited Liability Company's Name</b>  S&B LANDSCAPING SUPPLY, LLC			
<b>2. Principal Office Address - No P.O. Box #</b> 7240 N.W. Lox.Road Suite, Apt. #, etc. City & State Parkland, Florida Zip Country 33069 USA		<b>3. Mailing Office Address</b> 7240 N.W. Lox. Road Suite, Apt. #, etc. City & State Parkland, Florida Zip Country 33069 USA	
<b>8. Name and Address of Current Registered Agent</b> Name Salvatore Dibenedetto Street Address (P.O. Box Number is Not Acceptable) 7240 N.W. Lox.Road Suite, Apt. #, Etc. City State Zip Code Parkland FL 33069		<b>4. State/Country of Formation</b> Florida/USA <b>5. Date Organized or Qualified To Do Business in Florida</b> 7/09/03 <b>6. FEI Number</b> 90-0297418 <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.	
<b>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.</b> Signature of Registered Agent  Date _____ REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Salvatore Dibenedetto	12760 N.W. 115th Street	Coral Springs, Fl.33071
<b>REINSTATEMENT 2005-2008</b>			
<b>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.</b>			
Signature of Managing Member/Manager 		Date 9/22/08	Daytime Phone # 954 255-0440
Typed or printed name of signing Managing Member/Manager _____			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA