

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L 03000053609

1. Limited Liability Company's Name

Long's Lawn & Landscaping Ltd. Co.

2. Principal Office Address

14994 Cromatic Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32309

Country

Leon

City & State

Zip

Country

4. State/Country of Formation

U.S.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Mike Long

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

14994 Cromatic Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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

Michael A. Long
REGISTERED AGENT MUST SIGN

Date

11/09/06

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	Michael A. Long	14994 Cromatic Rd	Tallahassee, FL 32309
			200081822453 11/15/06-01052-003 **105.00
			P 11/15

REINSTATEMENT 05-06

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

Michael A. Long

Date

11/13/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

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**Florida Department of State
Division of Corporations**

I Michael A. Long did not receive my 2005 annual report notice for Long's Lawn
& Landscaping Ltd. Co.