

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000053609

1. Limited Liability Company's Name

Long's Lawn & Landscaping LTD. Co.

2. Principal Office Address - No P.O. Box #

14994 Cromartie Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32309

Country

LEON

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

LEON

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/17/2003

6. FEI Number

830379720

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 Cromartie Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

☒ 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.

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

Mike Long

Date

12/10/08

REGISTERED AGENT MUST SIGN

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	Mike Long	14994 Cromartie Rd.	Tall. FL. 32309 700138955977 12/1/08-01024--010 **277.50

REINSTATEMENT

2007-08

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

Mike Long

Date

12/10/08

Daytime Phone #

556-1794

Typed or printed name of signing Managing Member/Manager