256.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L04000025519

1. Limited Liability Company's Name

Wright Way Lawn Service, LLC

05

200095460782
04/02/07--01021-041 **305.00

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
205 West Lake Summit Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, Florida		City & State	
Zip 33884	Country USA	Zip	Country

4. State/Country of Formation

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
Mark G. Turner

Street Address (P.O. Box Number is Not Acceptable)
255 Magnolia Avenue, Southwest

Suite, Apt. #, Etc.

City: Winter Haven | State: FL | Zip Code: 33880

☐ 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 Mark G. Turner Date 03/20/2007
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	Joshua A. Snively, Sr.	205 West Lake Summit Drive	Winter Haven, Florida 33884
MGRM	Heather B. Snively	205 West Lake Summit Drive	Winter Haven, Florida 33884
	REINSTATEMENT 2005-2007		

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 Heather B. Snively Date 03/20/2007 Daytime Phone # (863) 325-9128

Typed or printed name of signing Managing Member/Manager Heather B. Snively