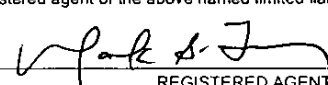
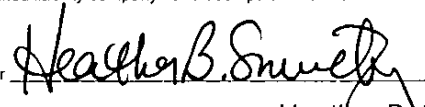


256.00

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	
DOCUMENT # L04000025519 1. Limited Liability Company's Name 05 Wright Way Lawn Service, LLC					
2. Principal Office Address - No P.O. Box # 205 West Lake Summit Drive Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. State/Country of Formation	
City & State Winter Haven, Florida		City & State		5. Date Organized or Qualified To Do Business in Florida	
Zip 33884	Country USA	Zip	Country	6. FEI Number	
7. CERTIFICATE OF STATUS DESIRED ☐				Applied For Not Applicable	
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				☐ 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.	
State FL Zip Code 33880				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  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  Date 03/20/2007 Daytime Phone # (863) 325-9128 Typed or printed name of signing Managing Member/Manager Heather B. Snively					