

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000030471

1. Limited Liability Company's Name

GLEN THOMAS LANDSCAPING, LLC

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

616 GALLEGO AVE.

3. Mailing Office Address

P.O. BOX 34761

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE FL

City & State

OCOE FL

Zip
34761Country
USZip
34761Country
US

6. Name and Address of Current Registered Agent

Name
ERIC S MASHBURN, ESQ.Street Address (P.O. Box Number is Not Acceptable)
102 EAST MAPLE STREET

Suite, Apt. #, Etc.

City
WINTER GARDENState
FLZip Code
34787

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/16/2004

6. FEI Number

☒ Applied For
☐ Not Applicable

7.

☒ 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.

8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

ERIC S MASHBURN, ESQ.

Date 3-12-2007

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
MGR	GLEN THOMAS	P.O. BOX 991	OCOE FL 34761

REINSTATEMENT 2005-2007

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03/22/07--01009--023 **150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 3-12-2007 Daytime Phone # 407 405 4010

Typed or printed name of signing Managing Member/Manager GLEN THOMAS