

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800111280088
10/24/07--01007--002 **150.00

CR2E041 (1/07)

DOCUMENT # L040 0003 1239

1. Limited Liability Company's Name

Darin Ezell
Tree Service LLC

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

24 White Tail Dr
Suite, Apt. #, etc.

City & State

Crawfordville FLA

Zip

32327

Country

FLA

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Crawfordville FLA

Zip

32327

Country

FLA

4. State/Country of Formation

FL / US

**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

Darin Ezell Sr.

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

24 White Tail Dr

Suite, Apt. #, Etc.

Crawfordville,

City

FL

Zip Code

32327

☒ 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 Darin Ezell Sr.

REGISTERED AGENT MUST SIGN

Date 10/24/07

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
<u>MGR</u>	<u>Darin Ezell Sr.</u>	<u>24 White Tail Dr</u>	<u>Crawfordville, FL 32327</u>

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 Darin Ezell

Date 10/24/07

Daytime Phone #

850-925-3118

Typed or printed name of signing Managing Member/Manager