

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 NOV -9 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000031239

1. Limited Liability Company's Name

Darin Ezell Tree Service L.L.C.

100214140071  
11/09/11--01012--021 \*\*238.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 24 White Tail		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crawfordville, FL		City & State	
Zip 32327	Country Wakulla	Zip	Country

4. State/Country of Formation FLA	
5. Date Organized or Qualified To Do Business in Florida 4-23-04	
6. FEI Number 900332292	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Darin Ezell			
Street Address (P.O. Box Number is Not Acceptable) 24 White Tail Dr			
Suite, Apt. #, Etc.			
City Crawfordville, FL	State FL	Zip Code 32327	

E-mail Address:

123 Treer.us@centurylink.net  
(To be used for future annual report notices)

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

Date 11/9/11

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
MEMBER Owner	Darin Ezell SR.	24 White Tail Dr	Crawfordville, FL 32327

REINSTATEMENT - 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing

Member/Manager

Darin Ezell

Date 11-9-11

Daytime Phone # 850-9253118

Typed or printed name of signing Managing Member/Manager