

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED-LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -9 PM 11: 14

DOCUMENT # L04000032924

1. Limited Liability Company's Name

MN TREE SERVICE, L.L.C.

CR2E041 (8/05)

2. Principal Office Address <b>3112 16TH AVE E</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PALMETTO, FL</b>		City & State	
Zip <b>34221</b>	Country <b>US</b>	Zip	Country
4. State/Country of Formation <b>FLORIDA</b>			
5. Date Organized or Qualified To Do Business in Florida <b>04-29-04</b>			
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

8. Name and Address of Current Registered Agent

Name  
**MANUEL NAVARRETE**

Street Address (P.O. Box Number is Not Acceptable)  
**3112 16TH AVE E**

Suite, Apt. #, Etc.

City  
**PALMETTO**

State  
**FL** Zip Code  
**34221**

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 **11-06-06**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MMBR	<b>MANUEL NAVARRETTE</b>	<b>3112 16TH AVE E</b>	<b>PALMETTO, FL 34221</b>

**500081658675**  
11/06/06-01033--006 \*\*255.00

**05-06**

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 **11-06-06**

Daytime Phone # **941-742-0933**

Typed or printed name of signing Managing Member/Manager **MANUEL NAVARRETE**