

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000034568

1. Limited Liability Company's Name

Edwards Lawn & Tree Maintenance, LLC.

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

521 Cherry Tree Street

Suite, Apt. #, etc.

City & State

Eustis Florida

Zip

32726

Country

LAKE

3. Mailing Office Address

521 Cherry Tree Street

Suite, Apt. #, etc.

City & State

Eustis Florida

Zip

32726

Country

LAKE

4. State/Country of Formation

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

Edward K. Hottle

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

521 Cherry Tree Street

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

☒ 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

Edward K. Hottle

REGISTERED AGENT MUST SIGN

Date 3-7-07

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>Edward K. Hottle</u>	<u>521 Cherry Tree St</u>	<u>Eustis, FL 32726</u>

REINSTATEMENT

05-07

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

Edward K. Hottle

Date 3-7-07

Daytime Phone#

(352) 516-7607

Typed or printed name of signing Managing Member/Manager

Edward K. Hottle