

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 JAN -6 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039547

1. Limited Liability Company's Name

SHOW ME TREE SERVICE, LLC

CR2E041 (10/08)

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

400 Wiles Road

Suite, Apt. #, etc.

3. Mailing Office Address

400 Wiles Road

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32254

Country

US

Zip

32254

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 05/18/04

6. FEI Number

20-1190413

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

Van Harms

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

400 Wiles Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

☒ 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

*same*

REGISTERED AGENT MUST SIGN

Date December 31, 2008

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGRM   | Van Harms                            | 400 Wiles Road                                    | Jacksonville FL 32254 |
| M      | Melissa Lloyd                        | 400 Wiles Road                                    | Jacksonville FL 32254 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

600139530666  
01/06/09-01/07-021 \*\*\*138.75

REINSTATEMENT-08

01/06/09-01/07-0024

138.75

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

*Van Harms*

Date 12/31/08

Daytime Phone # 904/786-9984

Typed or printed name of signing Managing Member/Manager Van Harms