

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUN 12 PM 1:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LA-04000046076

1. Limited Liability Company's Name

THE ZONE GARDEN AND LAWN
SERVICES LLC

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

1700 SE DARLING ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 6006

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART FL

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

4. State/Country of Formation

FL MARTIN

5. Date Organized or Qualified
To Do Business in Florida

6-18-04

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

ANDRES ANDRES

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

1700 SE DARLING ST

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

☒ 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 ANDRES DE ANDRES

Date 5/6/08

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
MGR	ANDRES DE ANDRES	1700 SE DARLING ST	STUART, FL. 34997

05/22/08 01005-006 **\$75.00
800130067158
05/22/08 01005-006 **\$75.00

REINSTATEMENT 05, 08

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 ANDRES DE ANDRES

Date

Daytime Phone # 5808

Typed or printed name of signing Managing Member/Manager