

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -9 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LOW000055092

1. Limited Liability Company's Name

LIVING ART LANDSCAPES LTD. CO.

600109590586  
09/18/07--01060--004 \*\*150.00  
CR2E041 (1/07)

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

1906 WOODCREST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

ORLANDO BCH. FL.

City & State

SAME

Zip

32174

Country

US

Zip

SAME

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

July 26, 2004

6. FEI Number

134284946

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

LESLIE D HUBBELL

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

1906 WOODCREST DR.

Suite, Apt. #, Etc.

City

ORLANDO BCH.

State

FL

Zip Code

32174

☒ 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

Leslie D. Hubbell

REGISTERED AGENT MUST SIGN

Date 9-15-07

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
MEM	LES HUBBELL	1906 WOODCREST DR.	ORLANDO BCH. FL. 32174

REINSTATEMENT

W/O 2005-2007

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 608.408, 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

Leslie D. Hubbell

Date 9-15-07

Daytime Phone # 386-233-1334

Typed or printed name of signing Managing Member/Manager LESLIE D. HUBBELL