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
07 FEB -6 AM 9:55

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CR2E041 (1/07)

1. Limited Liability Company's Name

ACTS Decontamination Services dba/ Nice Grass Lawn Service

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
14012 Budworth Circle		14012 Budworth Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, Fl 32832		City & State: Orlando, Fl 32832	
Zip: 32832	Country: USA	Zip: 32832	Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 11/29/2005

6. FEI Number: 421650943 ☐ 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: Barry Gershman

Street Address (P.O. Box Number is Not Acceptable): 14012 Budworth Circle

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32832

☑ 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: _____ Date: 1/26/07

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
mgmr	Barry Gershman	14012 Budworth Circle	Orlando, Fl 32832
			800087231139 02/08/07--01037--006 **100.00
		REINSTATEMENT 06-07	

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: _____ Date: 1/26/07 Daytime Phone #: 407-468-3086

Typed or printed name of signing Managing Member/Manager: _____