

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 10: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L0400009 0477

1. Limited Liability Company's Name

Emac Lawn and Landscape

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

1606 S. Miramar Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1606 S. Miramar Ave

Suite, Apt. #, etc.

City & State

Indianantic FL.

City & State

Indianantic FL.

Zip 32903

Country USA

Zip 32903

Country USA

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

12/14/04

6. FEI Number

None

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

Lee T. Brown

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

1606 S. Miramar Ave

Suite, Apt. #, Etc.

City

Indianantic FL.

State

FL

Zip Code

32903

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

[Signature]

Date 3/5/07

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
MGR	Lee T. Brown	1606 S. Miramar Ave	Indianantic FL 32903

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03/13/07--01039--009 **150.00

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

[Signature]

Date 3/5/07

Daytime Phone# 321-591-4600

Typed or printed name of signing Managing Member/Manager

Lee T. Brown