PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		APR 14 PM 4: 11	
DOCUMENT # L D  1. Limited Liability Company's Name	5 60000 6	960			
Sunsations Lawncare 10477 41st Rd Wellborn El 32004	e and Landsc	aping LLC		ODOSOM (40/07)	
2. Principal Office Address - No P.O. Box # 3. Maili		ffice Address		CR2E041 (12/07)	
10477 41st Rd	0 :	Contract to the contract to th		4. State/Country of Formation US	
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5 Date Omanized or Qualified	
City & State	City & State		To Do Bus	iness in Florida2006	
Wellborn, FL			<b>6.</b> FEI Number 52-241		
Zip Country 32094	Zip	Country	7. CERTIFICATE	S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Phillip W. Foster			reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable)			in circumstances which the entity did not receive the prior notices. By checking this		
10477 41st Rd Suite, Apt. #, Etc.				box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
City Wellborn		State Zip Code FL 32094			
9. I, being appointed the registered agent Signature of Registered Agent	t of the above named limite  Let to the above named limite  REGISTERED AG	d liability company, am familiar with an	nd accept the obliga	tions of Chapter 608, F.S.  Date 4608	
10. Names and Street Addresses of Mar	naging Members/Managers				
	Name of Managing Members/Managers		ach nager	City / State / Zip	
MAM Phillip W. Foster	Phillip W. Foster			Wellborn, FL 32094	
			81 04/14	0123281028   70801050012 **416.25	
REINSTATEMENT					
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 filling 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 Manager Manager Date Date Date Daytime Phone # 380/192-3538  Typed or printed name of signing Managing Member/Manager					