

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

06 DEC 15 AM 9:22

DOCUMENT # L05000046243

1. Limited Liability Company's Name

Bottlenose Pressure Washing & Lawn Care LLC

2. Principal Office Address

135 SW 57th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

USA

3. Mailing Office Address

PO BOX 101156

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33910

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/10/2005

6. FEI Number

20-2426419

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

Daniel Spanier

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

135 SW 57th Terrace

Suite, Apt. #, Etc.

City

Cape Coral, FL

State

FL

Zip Code

33914

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

REGISTERED AGENT MUST SIGN

Date

12/11/06

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	Daniel Spanier	135 SW 57th Terrace	Cape Coral, FL 33914
MGR	Samuel Spanier	5403 Pelican Blvd	Cape Coral, FL 33914
MEMBER			
			2006

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

12/11/06

Daytime Phone #

630 818-7050

Typed or printed name of signing Managing Member/Manager

Daniel J Spanier