PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		09 MAY 27 PM 2: 20 SECRETARY DE STATE	
DOCUMENT # L 05000048 547  1. Limited Liability Company's Name			SECRETARY OF STATE TALLAHASSEE FLORIDA
MJ LANOSCAPING & IRRIGATION LLC		100156274161 05/21/0901014015 **521.25	
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address			CR2E041 (10/08)
	2341 POWERLING Rd.		try of Formation
Surte, Apt. #, etc.	Suite, Apt. #, etc.		rized or Ouglified
	City & State HAINES CITY, FL	6. FEI Numbe	Applied For
21p 33844 Country USA	Zip Country 33844	7.	SGS 828 Not Applicable  OF STATUS DESIRED S 500 Additional Fee required for a Certificate of Status
8. Name and Address of C	Surrent Registered Agent		
Name DAVIO HERVANDEZ		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable) 3616 WINNTE HAID RAMP Rd. #1		receive the prior notices. By checking this box, you are certifying the prior notices were	
Suite_Apt. #. Etc.		not received and requesting the \$100 reinstatement be waived.	
DAVEN DOYT. States Zip Code FL 33837		Teanstatement be walved.	
9. I, being appointed the registered agent of the suppressure of the suppressure of Registered Agent Date 5/8/09  REGISTERED/AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Managers		er	City / State / Zip
AGRA MARCELIND JAIMES 2341 POWER LINE		Rd.	HAINES City, FL 33844
MAR JUVENTUD JAINES 2341 Powereline		Rd.	Hornes City #2 >3844
	REINSTA	TEM	ENT 07-09
11. Lentify 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 eath.			
Signature of Managing Member/Manager Member/Mem			
Typed or printed name of signing Managing Member/Manager MARCECING TAIMES			