

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 SEP 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name **L05000065988**
Design Scapes, LLC

200181778972
09/13/10--01048--002 **188.75

CR2E041 (05/10)

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

7186 SW 35th Ave.

Suite, Apt #, etc.

3. Mailing Office Address

PO BOX 418

Suite, Apt #, etc.

City & State

Gainesville, FL

Zip Country

32608 Alachua

City & State

Newberry, FL

Zip Country

32669 Alachua

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6/25/05

6. FEI Number

57-1174592

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

Stacey L. Tate

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

7186 SW 35th Ave.

Suite, Apt #, Etc.

City **Gainesville**

State

FL

Zip Code

32608

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

Stacey Tate

REGISTERED AGENT MUST SIGN

Date **6/3/10**

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
mbr	Ezra R. Tate	7186 SW 35th Ave Gainesville, FL 32608	Gainesville, FL 32608

REINSTATEMENT

09-10

11. E-mail Address: **stacey.tate@att.net**

(To be used for future annual report notifications)

12. 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

Ezra R. Tate

Date **6-3-2010**

Daytime Phone # **352-214-1684**

Typed or printed name of signing Managing Member/Manager

EZRA R. TATE