_	-T	<b>~</b> .								
		PLEASE READ A	ALL INST	RUCTI	IONS	S BEFORE (	COMPLETI	NG THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								08 0CT -3 AM 8: 27  SEGMENTATIVE STAFF  ALLAMAS STEE, PLANTE  09/26/0801047003 **277.50		
DOCUMENT # L05000090549  1. Limited Liability Company's Name  S & N Lawn and <del>Lanscapeing</del> , LLC  Landscaping							61 09/20			
9 Principa	- Office Addr	ress - No P.O. Box #	3. Mailing O	Office Address			-	CR2E041 (12/07)	)	
,	ake Worth		PO Box 5		35		4 State/Coun	atry of Formation		
Suite, Apt. #		Nu.	Suite, Apt. #,				Florida	•	-	
255				_	_		5. Date Organ To Do Busi	nized or Qualified Iness in Florida 00/44/200		
City & State		1	City & State				6. FEI Numbe	09/14/200	O5 Applied For	
Lake Wo	orth, FL	·	Lake Worth, FL				N/A Applicable			
Zip Country 33467 US			{ '			ntry	7. CERTIFICATE	OF STATUS DESIRED \$5.00	Additional Fee required	
3070.		8. Name and Address of	1	etered Ager	US nt	-	1		a Certificate of Status	
Name Nicholas Montalto Street Address (P.O. Box Number is Not Acceptable) 6801 Lake Worth Rd. Suite, Apt. #, Etc. 255 City Lake Worth State Zip Code Lake Worth FL 33467							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 Date  REGISTERED AGENT MUST SIGN  9/18/08										
<b>10.</b> Name	es and Street	t Addresses of Managing Mem	nbers/Managers	3				T		
Titles		Name of Managing Members/Manage	ers			Street Address of Eac naging Member/Man		City / State / Zip		
MGR	Mahesh	Mahesh Gandhi			2 3 29 Grove Street			Roslyn Harbor, NY 11576		
					MCTATE	MENT2007-	<u>06_</u>			
filing ti ail fee:	this reinstatem	nent application the reason for e limited liability company have	r dissolution has	s been elimin	nated, th	he limited liability com	pany name satisfie	ed for in chapter 608, F.S. I furt ss the requirements of section 6i ate, and my signature shall have	08.406, F.S., and that	

Date 9/18/08

Mahesh Gandhi

\_\_\_ Daytime Phone # 516-375-1139

Signature of Managing Member/Manager \_\_

Typed or printed name of signing Managing Member/Manager \_