

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

106000017023

1. Limited Liability Company's Name

DEJ Landscaping, LLC

FILED

10 MAR 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000173160920
03/25/10--01024--018 **416.25

CR2E041 (11/09)

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

12033 Willow Grove Ln

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 120566

Suite, Apt. #, etc.

City & State

Clermont, Florida

City & State

Clermont Florida

Zip

34711

Country

U.S.

Zip

34712

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Feb 15, 2000

6. FEI Number

204424368

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

Dion Jones

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

12033 Willow Grove Ln

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ 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

Dion Jones

REGISTERED AGENT MUST SIGN

Date 3-25-10

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
MEM	Dion Jones	12033 Willow Grove Ln	Clermont, FL 34711

11. E-mail Address: DEJLandscaping@AOL.com

(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

Dion Jones

Date

3-25-10

Daytime Phone #

352-241-8613

Typed or printed name of signing Managing Member/Manager