2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L06000055530

Entity Name: ACREAGE LAWN LLC

Current Principal Place of Business:

13465 87TH ST N
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

Current Mailing Address:

13465 87TH ST N
WEST PALM BEACH, FL 33412 US

New Mailing Address:

FEI Number: 03-0593730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LA RIONDA, JONATHAN G
13465 87TH ST
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JONATHAN DE LA RIONDA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DE LA RIONDA, JONATHAN G
Address: 13465 87TH STREET N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR ( ) Delete
Name: DE LA RIONDA, GUILLERMO B JR
Address: 13465 87TH STREET N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR ( ) Delete
Name: DE LA RIONDA, GUILLERMO J SR
Address: 13465 87TH ST N
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHAN DE LA RIONDA MGR 05/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date