

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000072982

1. Limited Liability Company's Name

**Johnny Boy's Stump Grinding & Complete Tree
SERVICE, LLC**

2. Principal Office Address - No P.O. Box #
11060 Via Sorrento

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip
33437

Country
U.S.A.

3. Mailing Office Address
11060 Via Sorrento

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip
33437

Country
U.S.A.

FILED

08 OCT 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000136815150
10/10/08--01036--006 **277.50

CR2E041 (10/08)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 7/24/2006

6. FEI Number

26-5248433

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
Mary Boerckel

Street Address (P.O. Box Number is Not Acceptable)
11060 Via Sorrento

Suite, Apt. #, Etc.

City
Boynton Beach,

State
FL

Zip Code
33437

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

Mary Boerckel
REGISTERED AGENT MUST SIGN

Date 10/9/2008

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
MGRM	Mary Boerckel	11060 Via Sorrento	Boynton Beach, Florida 33437
MGRM	John G. Digregorio	11060 Via Sorrento	Boynton Beach, Florida 33437

REINSTATEMENT

07-08

L. SELLERS

OCT 16 2008

EXAMINE

11. 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

John G. Digregorio
JOHN G. DIGREGORIO

Date 10/9/2008

Daytime Phone# 561-603-2190

Typed or printed name of signing Managing Member/Manager