PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY				
DOCUMENT # 1. Limited Liability Company's Name				
LANDSCAPE LIGHTIMS LLC.			700137696367 11/06/0801008003 **382.50 CR2E041 (10/08)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		- GRZE041 (10/08)		
7921 ELBOW LANE	SAME		4. State/Country of Formation FL. USA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 8 - 10 - 2006	
SAINT PETERSBURK, FL. City & State		6. FEI Number Applied For		
SAINT LETERSBURG, FL.	Zip Cou	ntry	20 - 5352063 Not Applicable	
33710 USA		ary .	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
· · · · · · · · · · · · · · · · · · ·	Current Registered Agent			
Name THOMAS BIRA			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable)			receive the prior notices. By checking this	
Suite, Apt. #, Etc.			box, you are certifying the prior notices were not received and requesting the \$100	
SAINT RETERSBURG State Zip Code 53710			reinstatement be waived.	
9. I, being appointed the registered agent of the above samed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/ Manage	ers Ma	Street Address of Each naging Member/Manag	ager City / State / Zip	
MGR THOMAS BIRD	7921 E	450W ZN.	SAINT PETE. FL 33710	
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			SET - 2	
REINSTATEMENT 2007, 2008			EF P	
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 filling 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 Date 11 4 08 Daytime Phone # 727 - 580 - 3248				
Typed or printed name of signing Managing Member/Manager				