

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 DEC 30 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L06000090060

1. Limited Liability Company's Name

Keys Trees & Lawn Maintenance

CR2E041 (1/11)

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

1009 Snapper Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1009 Snapper Lane

Suite, Apt. #, etc.

City & State

Key Largo, Florida

City & State

Key Largo, Florida

Zip

33037

Country

USA

Zip

33037

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

9/13/2006

6. FEI Number

760840325

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

Michael Born

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

1009 Snapper Lane

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

E-mail Address:

600215678746  
12/30/11--01023--015 \*\*238.75

heatherbornkeystrees@gmail.com  
(To be used for future annual report notices)

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 12/26/11

REGISTERED AGENT MUST SIGN

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
Owner	Michael Born	1009 Snapper Ln	Key Largo, FL 33037
			600215678746 12/30/11--01023--016 **5.00

REINSTATEMENT

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 12/26/11

Daytime Phone # 305-394-3347

Typed or printed name of signing Managing Member/Manager