

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT 21 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA**DOCUMENT #**

1. Limited Liability Company's Name

Ashkal Landscapes, LLC

2. Principal Office Address - No P.O. Box #
6665 Hartland Street

Suite, Apt. #, etc.

3. Mailing Office Address
6665 Hartland Street

Suite, Apt. #, etc.

City & State
Ft Myers, Florida

City & State
Ft Myers, Florida

Zip Country
33912 U.S.A

Zip Country
33912 U.S.A

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 9-22-2006

6. FEI Number
20-5586346

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
Helen G Edenfield

Street Address (P.O. Box Number is Not Acceptable)
6665 Hartland Street

Suite, Apt. #, Etc.

City
Ft Myers, Florida

State Zip Code
FL 33912

☒ 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

Date

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
MGR	R. Jarrod Edenfield	6665 Hartland Street	Ft Myers, Florida 33912
MGRM	Helen G Edenfield	6665 Hartland Street	Ft Myers, Florida 33912
	L. SELLERS		
	OCT 22 2008		
	EXAMINER		
	REINSTATEMENT 0708		

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager