

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 23 PM 3:24

DOCUMENT # L06000103788

1. Limited Liability Company's Name

Morris Landscaping & Lawn Care, LLC

800161430858
10/07/09--01015--003 **238.75

CR2E041 (10/08)

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

Morris Landscaping
Suite, Apt. #, etc.
734 Largo Way
City & State
S. Daytona, Fl.

3. Mailing Office Address

Morris Landscaping
Suite, Apt. #, etc.
734 Largo Way
City & State
S. Daytona, Fl.

Zip
32119

Country
U.S.A.

Zip
32119

Country
U.S.A.

4. State/Country of Formation

Florida / Volusia

5. Date Organized or Qualified
To Do Business in Florida

10, 23, 2006

6. FEI Number

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
Christopher Stowe Morris

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

734 Largo Way

Suite, Apt. #, Etc.

S. Daytona

City

State

FL

Zip Code

32119

☒ 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

Christopher Stowe Morris

REGISTERED AGENT MUST SIGN

Date 10-05-09

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
Manager	<u>Christopher S. Morris</u>	<u>734 Largo Way</u> <u>S. Daytona, Fl. 32119</u>	<u>S. Daytona, FL 32119</u>

800161430858
10/27/09--01001--003 **38.75

REINSTATEMENT 2008, 2009

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

Christopher Stowe Morris

Date 10-5-09

Daytime Phone # 386-233-1298

Typed or printed name of signing Managing Member/Manager

T. Hampton OCT 26 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 OCT 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 15, 2009

MORRIS LANDSCAPING & LAWN CARE, LLC
734 LARGO WAY
S DAYTONA, FL 32119

SUBJECT: MORRIS LANDSCAPING & LAWN CARE, LLC
Ref. Number: L06000103788

We have received your document for MORRIS LANDSCAPING & LAWN CARE, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$38.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 509A00033019