

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

08 DEC 16 PM 1:59

DOCUMENT # L 06000115516

1. Limited Liability Company's Name

Superior Lawn Service LLC

CR2E041 (10/08)

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

3060 Larkin Road

Suite, Apt. #, etc.

3. Mailing Office Address

3060 Larkin Road

Suite, Apt. #, etc.

City & State

Mims FL

Zip Country

32754 USA

City & State

Mims FL

Zip Country

32754 US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/04/2006

6. FBI Number

205981365

☐ 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

Richard L. McKnight

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

3060 Larkin Road

Suite, Apt. #, Etc.

City

Mims

State

FL

Zip Code

32754

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/08/2008

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	Richard L. McKnight	3060 Larkin Road	Mims, FL 32754
MGRM	David A. McKnight	1170 N. Old Dixie Hwy	Titusville, FL 32796

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REINSTATEMENT 2007-08

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 608.405, 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

[Signature]

Date 12/08/2008

Daytime Phone # 321 501-3290

Typed or printed name of signing Managing Member/Manager Richard L. McKnight