

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000054009

1. Limited Liability Company's Name

J.N.M.HORTICULTURE SERVICES LLC

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

1824 MARION COUNTY ROAD

Suite, Apt. #, etc.

City & State

WEIRSDALE, FL

Zip

32195

Country

MARION

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/22/2007

6. FEI Number

26-0211741

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

JONATHAN MCKINNEY

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

1824 MARION COUNTY ROAD

Suite, Apt. #, Etc.

City

WEIRSDALE

State

FL

Zip Code

32195

000189728850

01/05/11--01023--007 **238.75

07/14/11--01020--016 **277.50

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

REGISTERED AGENT MUST SIGN

Date

12-30-2010

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	JONATHAN MCKINNEY	1824 MARION COUNTY ROAD	WEIRSDALE, FL 32195
			JB
		REINSTATEMENT	2009-2011

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

12-30-2010

Daytime Phone #

352-259-0905

Typed or printed name of signing Managing Member/Manager JONATHAN MCKINNEY