PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JUL 13 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L07000054009

1. Limited Liability Company's Name

J.N.M.HORTICULTURE SERVICES LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1824 MARION COUNTY ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State: WEIRSDALE, FL	City & State
Zip: 32195 / Country: MARION	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: *Jonathan McKinney — 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: *Jonathan McKinney — Date: *12-30-2010 — Daytime Phone #: 352-259-0905

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