

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 22 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900183563799
07/22/10--01036--008 **516.25

CR2E041 (11/09)

DOCUMENT # *L07000060300*

1. Limited Liability Company's Name

Corey's Lawn Service, LLC

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

19146 N. Hwy 329

Suite, Apt. #, etc.

3. Mailing Office Address

19146 N. Hwy 329

Suite, Apt. #, etc.

City & State

Micanopy, FL

Zip

Country

32667 America

City & State

Micanopy, FL

Zip

Country

32667 America

4. State/Country of Formation

Florida / America

5. Date Organized or Qualified
To Do Business in Florida

05/17/2005

6. FEI Number

06-1809405

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

Corey L. Buie

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

19146 N Hwy 329

Suite, Apt. #, Etc.

City

Micanopy

State

FL

Zip Code

32667

☐ 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

REGISTERED AGENT MUST SIGN

Date

7/19/10

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
<i>MGRM</i>	<i>Corey L. Buie</i>	<i>19146 N. Hwy 329</i>	<i>Micanopy, FL 32667</i>

REINSTATEMENT 08-10

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

7/19/10

Daytime Phone #

352-544-5468
514-

Typed or printed name of signing Managing Member/Manager

Corey L Buie