

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000097369

1. Limited Liability Company's Name

TOP NOTCH LAWN AND SHRUB CARE LLC

F.M.L.B.D.

14 AUG 26 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA300263743453  
08/26/14--01030--003 \*\*377.50

CR2E041 (1/14)

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

6924 TURTLE MOUND RD

Suite, Apt. #, etc.

NEW SMYRNA BEACH

City &amp; State

FLORIDAZip 3216932169

Country

USA

3. Mailing Office Address

687 SE 22ND DRIVE

Suite, Apt. #, etc.

HOMESTEAD

City &amp; State

FLORIDA

Zip

33033

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified

To Do Business in Florida 9-24-2007

6. FEI Number

77-0700117

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

MILDRED H. COCKE

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

687 SE 22ND DRIVE

Suite, Apt. #, Etc.

HOMESTEAD

City

State

FL

Zip Code

33033

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Mildred H. Cocke

Date

8-20-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MNGR</u>	<u>MILDRED H. COCKE</u>	<u>687 SE 22ND DRIVE</u>	<u>HOMESTEAD, FL 33033</u>
<u>MNGR</u>	<u>DUSTIN P. BROWN</u>	<u>6924 TURTLE MOUND RD</u>	<u>NEW SMYRNA BEACH, FL 32169</u>
<u>MNGR</u>	<u>EDMUND D. BROWN JR.</u>	<u>6924 TURTLE MOUND RD</u>	<u>NEW SMYRNA BEACH, FL 32169</u>
<b>REINSTATEMENT</b>			<b>AUG 26 2014</b>
			<b>R. HUNT</b>

11. E-mail Address: millie\_cocke@icloud.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Mildred H. Cocke

Date

8-20-14

Daytime Phone #

386 795-2200

Typed or printed name of signing Authorized Representative/Manager