PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 APR -7 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000123046

1. Limited Liability Company's Name
Cutler's Green Scapes Property & Lawn Maintenance LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
30521 Elan Rd		PO Box 7282	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N/A		N/A	
City & State		City & State	
Wesley Chapel FL		Wesley Chapel FL	
Zip	Country	Zip	Country
33545	USA	33544	USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/11/2007

6. FEI Number
41-2261332
☐ 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
Robert Atkins

Street Address (P.O. Box Number is Not Acceptable) Suite,
30521 Elan Rd

Apt. #, Etc.
N/A

City
Wesley Chapel

State
FL

Zip Code
33544

400284328484
04/07/16--01024--017 **735.75

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 _____ Date 3/21/16
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
MGR	Cingie Beverland	30521 Elan Rd	Wesley Chapel FL 33544
MGR/CREW	Robert Atkins	30521 Elan Rd	Wesley Chapel FL 33544
AR	Hunter L Atkins	30521 Elan Rd	Wesley Chapel FL 33544
	REINSTATEMENT		
	2012-2016		S. HAWKES
			APR -8 AM
			EXAMINER

11. E-mail Address: CutlersGreenScapes@Gmail.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 3/21/16 Daytime Phone # 813-477-8560

Typed or printed name of signing authorized representative/member R. Preston Atkins