PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 DEC 24 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L08000006239

1. Limited Liability Company's Name

Touch Up Lawn Care LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
4133 So. University Blvd.	P. O. Box 55094
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #1 B-55094	P. O. Box 55094
City & State	City & State
Jax. Fl. U.S.A.	Jax. Fl.
Zip / Country	Zip / Country
32216 / U.S.A.	32216 / U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Jan. 2008

6. FEI Number: 261766510 ☐ 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: Hollis Bryant

Street Address (P.O. Box Number is Not Acceptable): 4133 So. University Blvd

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32216

☐ 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: Hollis — REGISTERED AGENT MUST SIGN — Date: 12-18-09

10. Names and Street Addresses of Managing Members/Managers

200168944452
12/24/09 - 01043 - 006 **138.75

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
J.M.I.	Hollis Bryant	4133 So. Univ. Blvd.	Jax. Fl. 32216
	REINSTATEMENT -09		

200168944452
12/24/09 - 01043 - 007 **5.00

11. 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: Hollis — Date: 12-18-09 — Daytime Phone #: 904 327-3023

Typed or printed name of signing Managing Member/Manager: Hollis Bryant