

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L08000023539**

1. Limited Liability Company's Name

**PIERCE OUTDOOR SERVICES, LLC**

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

**7 Cyclops Dr**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Apopka, Florida**

City & State

Zip

**32703**

Country

**Orange**

Zip

Country

4. State/Country of Formation

**Florida, USA**

5. Date Organized or Qualified

To Do Business in Florida **12/28/2011**

6. FEI Number

**262107008**

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

**Dennis Pierce**

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

**7 Cyclops Dr**

Suite, Apt. #, Etc.

City

**Apopka**

State

**FL**

Zip Code

**32703**

E-mail Address:

**REINSTATEMENT**

**AJ\_PMNTL@YAHOO.COM**

(To be used for future annual report notices)

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

Date

**12/28/11**

REGISTERED AGENT MUST SIGN

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>MGR</i>	<b>Dennis Pierce</b>	<b>7 Cyclops Dr.</b>	<b>Apopka, FL 32703</b>
<i>MGR</i>	<b>Adolfo Pimentel Jr</b>	<b>2223 Deanna Dr.</b>	<b>Apopka, FL 32703</b>

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. 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 Managing Member/Manager

Date **12/28/2011**

Daytime Phone #

**407-223-4202**

Typed or printed name of signing Managing Member/Manager **DENNIS PIERCE**

**FILED**  
12 JAN -4 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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