

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 21 PM 1:16

DOCUMENT # L08000100729

1. Limited Liability Company's Name

CANNATA LANDSCAPE DESIGN LLC

100161901411
10/19/09--01064--007 **138.75

CR2E041 (10/08)

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

2420 NW 33RD ST.

Suite, Apt. #, etc.

1010

3. Mailing Office Address

2420 NW 33RD ST.

Suite, Apt. #, etc.

1010

City & State

OAKLAND PK. FL 33309

City & State

OAKLAND PK. FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

10.27.08

6. FEI Number

30-0558793

☐ 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

PHILIP CANNATA

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

2420 NW 33RD ST.

Suite, Apt. #, Etc.

1010

City

OAKLAND PK. FL

State

FL

Zip Code

33309

☒ 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

Philip Cannata

REGISTERED AGENT MUST SIGN

Date

10.11.09

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 |
|--------|--------------------------------------|---|----------------------|
| PMGR | PHILIP CANNATA | 2420 NW 33 RD ST. UNIT 1010 | OAKLAND PK, FL 33309 |
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REINSTATEMENT 2009 Jan

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

Philip Cannata

Date

10.27.09

Daytime Phone #

954-644-9896

Typed or printed name of signing Managing Member/Manager

PHILIP C CANNATA