

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000054200

1. Limited Liability Company's Name

BROCK LAWN CARE, LLC

2010

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

3411 NeSmith Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3411 NeSmith Rd.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

Zip

33566

Country

Hillsborough

Zip

33566

Country

Hillsborough

4. State/Country of Formation

Florida Hillsborough

5. Date Organized or Qualified

To Do Business in Florida

June 4, 2009

6. FEI Number

27-0306213

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

Christopher Brock

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

3411 NeSmith Road

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

500188739225
12/16/10--01013--006 **308.75

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 11-10-2010

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
Mbr.	Christopher Brock	3411 NeSmith Rd.	Plant City, FL 33566
MGRM			

REINSTATEMENT

2010

11. E-mail Address

(To be used for future annual report notifications)

12. 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

Date 11-10-2010 Daytime Phone # 813-528-2409

Typed or printed name of signing Managing Member/Manager

Christopher Brock