

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 FEB 18 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800195178068  
02/21/11--01004--001 \*\*377.50

CR2E041 (1/11)

DOCUMENT # L09000062202

1. Limited Liability Company's Name

Nature's Planet LLC

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

425 Gaither Dr.

Suite, Apt. #, etc

3. Mailing Office Address

425 Gaither Dr.

Suite, Apt. #, etc

City & State

Tallahassee FL

Zip

32305

Country

City & State

Tallahassee, FL

Zip

32305

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6-26-09

6. FEI Number

☒ 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

Marcus Hardy

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

425 Gaither Dr.

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32305

E-mail Address:

mjh7@ymail.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

Marcus Hardy

Date 2-18-11

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
Mgrm	Marcus Hardy	425 Gaither Dr	Tallahassee FL 32305
Mgrm	Shamira Simmons	4073 N.W 19th St.	Ft. Lauderdale 33313

**L. SELLERS**

FEB-18 2011

**REINSTATEMENT**

**EXAMINER**

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

Marcus Hardy

Date 2-18-11

Daytime Phone # 850-575-4258

Typed or printed name of signing Managing Member/Manager