


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2013 OCT -3 AM 9:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L09000068753  
 1. Limited Liability Company's Name  
M & B Tree Service LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>707 Shaw Lake Rd</u>		3. Mailing Office Address <u>PO Box 144</u>	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State <u>Pierson, Fl.</u>		City & State <u>Pierson, Fl.</u>	
Zip <u>32180</u>	Country <u>USA</u>	Zip <u>32180</u>	Country <u>USA</u>

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
7/16/2009

6. FEI Number <u>27-0559493</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Brenda C Gay

Street Address (P.O. Box Number is Not Acceptable)  
707 Shaw Lake Rd.

Suite, Apt #, Etc.

City <u>Pierson</u>	State <u>FL</u>	Zip Code <u>32180</u>
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E-mail Address:  
000252369280  
10/03/13--01033--005 \*\*238.75

(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 Brenda C Gay Date 10/1/2013  
 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
Pres	Brenda Gay	707 Shaw Lake Rd.	Pierson, Fl. 32180
V-P	Charles Gay	707 Shaw Lake Rd.	Pierson, Fl. 32180
	<b>REINSTATEMENT</b>		<b>S. HAWKES</b>
	<u>2013 - 13</u>		<u>OCT 4 - 2013</u>
			<b>EXAMINER</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 Brenda C Gay Date 10/1/2013 Daytime Phone # (386) 749-2489

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_