

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 NOV 18 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000080830

1. Limited Liability Company's Name

**Juan's Lawn Service, LLC**

**REINSTATEMENT** 2010-11 JBH  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 5208 6th Street W		3. Mailing Office Address 5208 6th Street W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL	
Zip 33971	Country Lee	Zip 33971	Country Lee

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 08/20/2009	
6. FEI Number 27-2188046	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Juan Lopez Reyes			
Street Address (P.O. Box Number is Not Acceptable) 5208 6th Street W			
Suite, Apt. #, Etc.			
City Lehigh Acres	State FL	Zip Code 33971	


E-mail Address:  
400214468164  
11/18/11--01045--007 \*\*407.50  
juanlawn@gmail.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 11-14-11  
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	Juan Lopez Reyes	5208 6th Street W	Lehigh Acres, FL 33971

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 11-14-11 Daytime Phone # 239-938-6975  
Typed or printed name of signing Managing Member/Manager \_\_\_\_\_