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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 AUG 14 P
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L10000020345

1. Limited Liability Company's Name
LANdscaPiNg Plus, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4405 GoldfiNch Way	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, FL	City & State: [redacted]
Zip: 32539 Country: US	Zip: Country:

4. State/Country of Formation: FL Okaloosa
5. Date Organized or Qualified To Do Business in Florida: 2010
6. FEI Number: 01-0950171 ☐ 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: JAY R Merrifield
Street Address (P.O. Box Number is Not Acceptable) Suite: 4405 GoldfiNch WAY
Apt. #, Etc.:
City: crestview State: FL Zip Code: 32539

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: JR Merrifield (REGISTERED AGENT MUST SIGN) Date: 8/2/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
owner	JAy Merrifield	4405 GoldfiNch Way	crestview, FL 32539

REINSTATEMENT

11. E-mail Address: LandscapingPlus@usa.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: JR Merrifield Date: 8/2/17 Daytime Phone #: 850-803-6540

Typed or printed name of signing authorized representative/member: