

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 17 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L100000065947

1. Limited Liability Company's Name

Dejavu Landscaping Services LLC

CR2E041 (1/14)

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

5641 Ventura

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

Country

32506

Zip

Country

4. State/Country of Formation

escambia

5. Date Organized or Qualified
To Do Business in Florida
1/27/2011

6. FEI Number

272892752

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

Alejandro Rayo Ruiz

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

5641 Ventura Ln

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

000266808860
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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

[Signature]

Date

11-12-14

REGISTERED AGENT MUST SIGN

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
MGR	Alejandro Rayo Ruiz	5641 Ventura	Pensacola FL 32506

REINSTATEMENT

2012-2014
MW

11. E-mail Address: ravoalejandro@yahoo.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 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 605.0072, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

11-12-14

Daytime Phone #

8506191375

Typed or printed name of signing Authorized Representative/Manager Alejandro Rayo Ruiz