

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN -3 AM 3 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

DOCUMENT #L11000143921
SHOW ME TREE SERVICE, LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 400 WILES ROAD		3. Mailing Office Address 400 WILES ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32254	Country USA	Zip 32254	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
11/27/2011

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 VAN P. HARMS			
Street Address (P.O. Box Number is Not Acceptable) 400 WILES ROAD			
Suite, Apt. #, Etc.			
City JACKSONVILLE		State FL	Zip Code 32254

E-mail Address:

400255222574
01/03/14--01017--006 **238.75

INFO@SHOWMETREESERVICE.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 605, F.S.

Signature of
Registered Agent

Date **12/30/2013**

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGMR	VAN-P. HARMS	400 WILES ROAD	JACKSONVILLE FL 32254
			JAN 24 2014
			M WILLIAMS

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Date **12/30/2013**

Daytime Phone # **904-786-9984**

Typed or printed name of signing Authorized Person **VAN P. HARMS**