

PLEASE READ ALL INSTRUCTIONS BEFORE

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12000014458

1. Limited Liability Company's Name

First Class Lawn Service

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

2588 Panther Creek Rd

3. Mailing Office Address

< Same

Suite, Apt. #, etc.

#A

Suite, Apt. #, etc.

City & State

TUH FL

City & State

Zip

32308

Country

Leon

Zip

Country

4. State/Country of Formation

FLA Leon

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

**FILED**

13 OCT 22 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100252970101  
10/17/13--01031--006 \*\*188.75

8. Name and Address of Current Registered Agent

Name

Alan Jester

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

2588 Panther Creek rd #A

Suite, Apt. #, Etc.

#A

City

TUH

State

FL

Zip Code

32308

E-mail Address:

you are first class  
@ yahoo.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

Alan Jester

REGISTERED AGENT MUST SIGN

Date

10/14/13

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
MEM	Samantha Jester	2588 Panther Creek Rd #A	TUH FL 32308

100252970101  
09/23/13--01055--021 \*\*50.00

**REINSTATEMENT**

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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

Samantha Jester

Date

10/14/13

Daytime Phone #

850-933-9487

Typed or printed name of signing Managing Member/Manager