PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN -2 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000026316

1. Limited Liability Company's Name
JEROME LAWN CARE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1980 NW 46th Ave	1980 NW 46th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt 130	Apt 130
City & State	City & State
Lauder Hills, FL	Lauder Hills, FL
Zip / Country	Zip / Country
33313 / United States	33313 / United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 02/23/2013

6. FEI Number [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee Required for a certificate of status

300273580813

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite
1201 Hays Street

Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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: Lydia Cohen Asst. Vice President
REGISTERED AGENT MUST SIGN

Date: 6/2/15

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
AMBR	Nerlee Volmar	2051 NW 43rd Terrace, Apt. 203	Lauder Hills, FL 33313
	REINSTATEMENT		S. HAWKES
			JUN 2 - A.M.
	2013-2015		EXAMINER

11. E-mail Address: _____
(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: Nerlee Volmar Date: 5/28/2015 Daytime Phone #: 1954-235-9827

Typed or printed name of signing authorized representative/member: Nerlee Volmar

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 625934 7872473

AUTHORIZATION :

COST LIMIT : $ 516.25

ORDER DATE : May 12, 2015

ORDER TIME : 2:10 PM

ORDER NO. : 625934-010

CUSTOMER NO: 7872473

DOMESTIC FILINGS

NAME: JEROME LAWN CARE, LLC

RECEIVED
DEPARTMENT OF STATE
15 JUN -2 PM 4:36

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - Ext# 62974

EXAMINER'S INITIALS _____