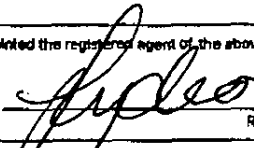
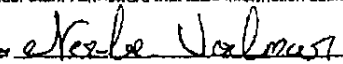


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000026316			
1. Limited Liability Company's Name JEROME LAWN CARE, LLC			
2. Principal Office Address - No P.O. Box # 1980 NW 46th Ave Suite, Apt. #, etc. Apt 130 City & State Lauder Hills, FL Zip 33313		3. Mailing Office Address 1980 NW 46th Ave Suite, Apt. #, etc. Apt 130 City & State Lauder Hills, FL Zip 33313	
Country United States		Country United States	
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 REGISTERED AGENT MUST SIGN Asst. Vice President Date 6/2/15			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Manager	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
2013-2015			JUN 2 - A.M.
			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			

FILED

15 JUN -2 AM 8:38

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation
Florida

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

6. FB Number ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Annual report fee required for a certificate of status

300273580813

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

ACCOUNT NO. : I20000000195
REFERENCE : 6259347 7872473
AUTHORIZATION : *Lydia Cohen*
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 _____