

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000036838

1. Limited Liability Company's Name
Planthaber Ground Maintenance I.I.c.

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

6031 S 2nd Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

114580501

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

FILED
14 AUG 15 AM 10:11
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Patrick S Planthaber

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

6031 S 2nd Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

400262987414
08/15/14--01001--015 **139.36

400262987414
08/05/14--01010--004 **238.14

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

REGISTERED AGENT MUST SIGN

Date **8-1-14**

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	PLANTHABER, PATRICK		
	6031 S 2ND STREET		
	TAMPA, FL 33611		
	REINSTATEMENT		
	2013-2014	37750	
			S. HAWKES
			AUG - 6 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 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **8/1/2014**

Daytime Phone # **(813) 244-4510**

Typed or printed name of signing Authorized Representative/Manager