PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

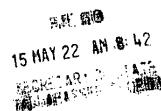
COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS



L	3								
DOCUMENT # L1 に00の40943 1. Limited Liability Company's Name B&S Sod, LLC									
-	Principal Office Address - No P.O. Box # 3. Mailing Office Address				is			CR2E041 (1/14)	
7405 NE 7th St.				7405 NE 7th St.			4. State/Count	4. State/Country of Formation	
Suite, Apt. #,	Suite Apt. #, etc.			,Apt. #, etc.			5. Date Organi	5. Date Organized or Qualified To Do Business in Florida 03/22/2013	
City & State			City & State	City & State					
Okeechobee Fl			Okeechobee, FI				6. FE! Number		
Zip 34974		Country	Zip 34974		Cou	untry		STATUS DESIRED 55.00 Additional Fee required for a certificate of status	
	8. Name and Address of Current Registered Agent								
Name							1		
David Brian Thomas Street Address (P.O. Box Number is Not Acceptable) Suite.									
7405 NE 7th St.						_ _;			
Apt. #, Etc.						05/2	- 200273247202 05/22/1501033022 **377.50		
City State Okeechobee FL						Zip Code 34974			
		the registered agent of the	above named limited	liability co	<u> </u>	L am familiar with and	accept the obligations	s of Chapter 605, F.S.	
Signature of		-					• -		
Registered Agent								Oate 5-18-2015	
10. Names:	and Street A	Addresses of Authorized Rep	presentatives/Managr	ers					
Titles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representativ Manager				City / State / Zip	
Owner	David Brian Thomas			7405 NE 7th St.			St.	Okeechobee Fl 34974	
			,						
	F	ENT		MAY 2 2 2	MAY 2 2 2015				
	REINSTATEM			R. HUN	R. HUNT				
11, E-mail A	Address:								
12.1 certify	that I am ar	authorized representativ	/e/ manager or the n			re annual report notific empowered to exec		as provided for in Chapter 605, F.S. I further	
certify that w 605.0012, F shall have th	when filing the F.S., and the the same leg	this reinstatement applicat at all fees owed by the lim	ition the reason for d nited liability compan	dissolution to ny have bee	has beer en paid.	n eliminated, the lin The information inc	nited liability compan dicated on this applica	ny name satisfies the requirement of section action is true and accurate, and my signature artment of State constitutes a third degree	
Signature of	f authorized	representative/member	2 ° B-	<u> </u>	<u>-</u>	Day 5/	18/15	autima Phone #702-444-9992	

Typed or printed name of signing authorized representative/member David Brian Thomas