

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 DEC 13 PM 12:42

DOCUMENT #

L12000061009

1. Limited Liability Company's Name

TOO TALL LANDSCAPING AND TREE LLC

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

751 NW 34 TERR

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

Zip

33311

Country

US

3. Mailing Office Address

PO BOX 881

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33302

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/30/2012

6. FEI Number

80-0779994

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

JAKE WATKINS JR.

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

751 NW 34 TERR

Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33311

800292096749
11/08/16--01011--029 **238.75

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

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
PD	JAKE WATKINS JR	751 NW 34 TERR	LAUDERHILL, FL 33311

REINSTATEMENT

11. E-mail Address:

Kwilliams1147@gmail.com

(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

Date

10/12/2016

Daytime Phone #

954-709-2757

Typed or printed name of signing authorized representative/member

Jake Watkins