

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013-2014

DOCUMENT #

1. Limited Liability Company's Name

L12000085280

KEVIN LINDSTROM LANDSCAPING LLC

FILED

14 JUL 15 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

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

Kevin Lindstrom
Suite, Apt. #, etc.

31720 Washington Loop Rd
City & State

Punta Gorda FL

Zip Country
33982 US

3. Mailing Office Address

Kevin Lindstrom
Suite, Apt. #, etc.

P.O. 496222
City & State

Port Charlotte FL

Zip Country
33949 US

4. State/Country of Formation

Florida US

5. Date Organized or Qualified
To Do Business in Florida

1994

6. FFI Number

61-1464015

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

Kevin Lindstrom

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

31720 Washington Loop Rd

Suite, Apt. #, Etc.

Port

City

Punta Gorda

State

FL

Zip Code

33982

000261330900

07/16/14--01032--001 **138.75

000261330900

06/16/14--01044--009 **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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-9-14

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
Pres	Kevin Lindstrom	31720 Washington Loop Rd Don't receive mail at this address	Punta Gorda FL 33982

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 provided 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

Typed or printed name of signing Authorized Representative/Manager

Date 6-9-14

Daytime Phone #

941 626 6612

K. ASHTON