

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 DEC 27 11:57

DOCUMENT # L13000008218

1. Limited Liability Company's Name

HANNA LAWN CARE & SERVICES LLC

800307154129

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

24513 SNAIL RD

Suite, Apt. #, etc.

City & State

ASTOR, FL

Zip

32102

Country

US

3. Mailing Office Address

24513 SNAIL RD

Suite, Apt. #, etc.

City & State

ASTOR, FL

Zip

32102

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1/15/13

6. FBI Number

46-1863717

☒ 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

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

Lamont W. Jones
Lamont W. Jones, Assistant VP

Date

12/28/17

REGISTERED AGENT MUST SIGN

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
AMBR	MATTHEW HANNA	24513 SNAIL RD	ASTOR, FL 32102

11. E-mail Address: hannaalawncare@yahoo.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

12/27/2017

Daytime Phone #

386-566-6826

Typed or printed name of signing authorized representative/member

MATTHEW HANNA

TW 12/28/17

December 27, 2017

To whom it may concern

Re: HANNA LAWN CARE & SERVICES LLC

The above named LLC was originally formed 1/15/13 with the document number of L13000008218. It was the intent to reinstate this LLC, however a new LLC was formed in error under the same name on 12/13/17 with the document number of L17000254883. This LLC has been voluntarily dissolved on 12/27/17, as the original LLC should have been reinstated. I am the same and sole principal for both entities and have no intentions on revoking the voluntary dissolution. Please release the name so that the original LLC (L1300008218) can be reinstated.

Please let me know if you have any questions or concerns.

Thank you for your time and attention to this matter.



Matthew Hanna

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

~~DHN:~~

~~12/27/17~~

~~12/27/17~~

ACCOUNT NO. : I20000000195

REFERENCE : 983097 8170629

AUTHORIZATION :

COST LIMIT :

[Signature]
\$55.00

ORDER DATE : December 27, 2017

ORDER TIME : 10:31 AM

ORDER NO. : 983097-010

CUSTOMER NO: 8170629

DOMESTIC FILINGS

NAME: HANNA LAWN CARE & SERVICES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____

17 DEC 28 AM 11:19