

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 19 AM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L13000120700

GET ER DONE BAMBOO FARMS, LLC

CR2E041 (1/14)

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

601 Hamlin Street

Suite, Apt. #, etc.

3. Mailing Office Address

601 Hamlin St.

Suite, Apt. #, etc.

City & State

Nokomis, Florida

City & State

Nokomis, Florida

Zip

34275

Country

Sarasota

Zip

34275

Country

Sarasota

4. State/Country of Formation

Sarasota Florida

5. Date Organized or Qualified
To Do Business in Florida

08/26/2013

6. FEI Number

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

Randolph Perry

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

601 Hamlin Street

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275

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

NOV. 6, 2014

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			
Mr.	Randolph Perry	601 Hamlin Street	Nokomis, FL 34275

11. E-mail Address: donnaperry601@comcast.net

(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 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 11/06/2013

Daytime Phone # 201-289-1111

Typed or printed name of signing Authorized Representative/Manager Randolph Perry