

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2015 SEP 30 AM 9:28

SEP 30 2015

CR2041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13000134024

1. Limited Liability Company's Name
WILLIE FARMER CLEANING & LANDSCAPING, LLC

2. Principal Office Address - No P.O. Box # 1845 GILLESPIE AVE		3. Mailing Office Address 1845 GILLESPIE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA		City & State SARASOTA	
Zip 34234	Country USA	Zip 34234	Country USA

4. State/Country of Formation FL
5. Date Organized or Qualified To Do Business in Florida: 09/23/2013
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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite
1201 HAYS STREET

Apt. #, Etc.

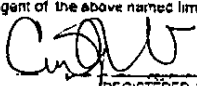
City
TALLAHASSEE

State
FL

Zip Code
32301

400277568874

9. I, being appointed the registered agent of the above named limited liability company, am familiar with the provisions of Chapter 605, F.S.

Signature of Registered Agent  **Courtney Williams**
Asst. Vice President

Date **9-28-15**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	WILLIE L. FARMER	1845 GILLESPIE AVE	SARASOTA, FL 34234

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 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  **Willie Farmer** Date **9-28-15** Daytime Phone # **941-366-3759**

Typed or printed name of signing authorized representative/member **Willie Farmer** **941-366-1589**

SEP 28 2015

1. RECOVER

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

ACCOUNT NO. : I20000000195
REFERENCE : 787768 7957192
AUTHORIZATION : *Lyndell*
COST LIMIT : \$ 377.50

ORDER DATE : September 17, 2015
ORDER TIME : 3:58 PM
ORDER NO. : 787768-010
CUSTOMER NO: 7957192

TO AGENCY
SUFFICIENCY OF FILING

15 SEP 29 PM 4:35

RECEIVED

DOMESTIC FILINGS

NAME: WILLIE FARMER CLEANING &
LANDSCAPING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____