PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 SEP 30 AM 9:28

DOCUMENT # L13000134024

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

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1845 GILLESPIE AVE	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 and accept the duties and obligations 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 Representatives/ 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 941 356-1589

SEP 28 2015

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

ACCOUNT NO. : I20000000195

REFERENCE : 787768 7957192

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : September 17, 2015

ORDER TIME : 3:58 PM

ORDER NO. : 787768-010

CUSTOMER NO: 7957192

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15 SEP 29 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____