

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 JUN 17 AM 11:07

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SECRETARY OF STATE
TAMPA, FLORIDA

JUN 17 2015

L BERGER

CR2E041 (1/14)

DOCUMENT # L13000136506

1. Limited Liability Company's Name

JASMINE'S HOME & GARDEN CARE, LLC

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

2615 56TH AVE. W

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34207

Country

3. Mailing Office Address

PO BOX 445

Suite, Apt. #, etc.

City & State

CORTEZ, FL

Zip

34215

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/27/2013

6. FEI Number

46-3758884

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

BARBARA ASHLEY

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

3722 115TH ST CT W

Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34210

100274139551
06/17/15--01025--008 **\$77.50

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

Barbara Ashley

Date 06/15/2015

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
MGR	DEBRA MACHELL KUBICKI	2615 56TH AVE W	BRADENTON, FL 34207
			JUN 17 2015
	2014-2015		L BERGER

11. E-mail Address MANDM@TAMPABAY.RR.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

Debra Machel Kubicki

Date

06/15/2015

Daytime Phone #

941-812-8798

Typed or printed name of signing authorized representative/member

DEBRA MACHELL KUBICKI