

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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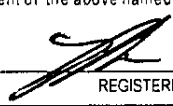
CR2E041 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L14000006886					
1. Limited Liability Company's Name NEW MULCH IN A BOTTLE, L.L.C.					
2. Principal Office Address - No P.O. Box # 2412 WOODFIELD CIRCLE Suite, Apt. #, etc.			3. Mailing Office Address 2412 WOODFIELD CIRCLE Suite, Apt. #, etc.		
City & State WEST MELBOURNE, FL			City & State WEST MELBOURNE, FL		
Zip 32904	Country UNITED STATES	Zip 32904	Country UNITED STATES		
<b>8 Name and Address of Current Registered Agent</b>					
Name WHITE, BRADLEY F.					
Street Address (P.O. Box Number is Not Acceptable) Suite 1795 W NASA BLVD					
Apt. #, Etc.					
City MELBOURNE		State FL	Zip Code 32901		

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 01/13/2014	
6. FEI Number 46-4523362	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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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.

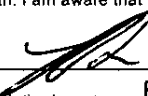
Signature of Registered Agent  Date 1/21/16

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	BARCELONA, RICHARD A., JR.	2412 WOODFIELD CIRCLE	WEST MELBOURNE, FL 32904

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  Date 1/21/16 Daytime Phone # 724-350-1029

Typed or printed name of signing authorized representative/member Richard A. Barcelona, Jr.