PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JUL 23 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74000080721

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07/23/20--01039--003 **377.50

CR2E041 (1/14)

1. Limited Liability Company's Name
Costello's Tree Service

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7089 Immokalee RD Keystone Heights	7089 Immokalee RD Keystone Heights FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Keystone Heights FL	City & State: Keystone Heights FL
Zip: 32656 Country: U.S.A	Zip: 32656 Country: U.S.A.

4. State/Country of Formation: Florida / USA.

5. Date Organized or Qualified To Do Business in Florida: 5-17-2014

6. FEI Number: 46-5719783 ☐ 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: William James Costello
Street Address (P.O. Box Number is Not Acceptable): 7089 Immokalee RD
Suite, Apt. #, Etc.:
City: Keystone Heights FL State: FL Zip Code: 32656

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: William Costello Date: 7-8-20

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
AR Owner AR	William James Costello	7089 Immokalee RD Keystone Heights FL	Keystone Heights FL 32656
		JUL 23 2020	
	REINSTATEMENT	R. HUNT	

11. E-mail Address: CostelloTreeService@outlook.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 608, 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: William J Costello Date: 7-8-20 Daytime Phone #: 352-235-1358

Typed or printed name of signing Authorized Representative/Manager: William James Costello