

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

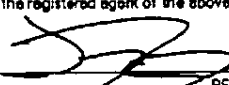
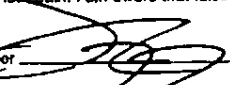
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22000500015					
1. Limited Liability Company's Name LOWERY'S OUTDOOR SERVICES LLC					
2. Principal Office Address - No P.O. Box # 482 MACKENZIE CIRCLE			3. Mailing Office Address 482 MACKENZIE CIRCLE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ST. AUGUSTINE, FL			City & State ST. AUGUSTINE, FL		
Zip 32092	Country USA	Zip 32092	Country USA	4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 11/28/2022				6. FEI Number 92-1208107	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status				☐ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent					
Name JEREMY LOWERY					
Street Address (P.O. Box Number is Not Acceptable) Suite 482 MACKENZIE CIRCLE					
Apt. #, Etc.					
City ST. AUGUSTINE		State FL	Zip Code 32092		
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 11/5/2024	
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	JEREMY LOWERY	482 MACKENZIE CIRCLE		ST. AUGUSTINE, FL 32092	
11. E-mail Address: JEREMY.G.LOWERY@GMAIL.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 		Date 11/5/2024		Daytime Phone # 850-459-4291	
Typed or printed name of signing authorized representative/member JEREMY LOWERY				NOV 22 2024	