

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
TAMMIE HARRIS
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 5:00

SECRETARY OF STATE
TAMMIE HARRIS, FLORIDA

DOCUMENT # L94000000473

1. Limited Liability Company's Name

Endless Summer Landscape Nursery, L.C.
12351 Persimmon Blvd
Royal Palm Beach, FL 33411

2. Principal Office Address

12351 Persimmon Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

12351 Persimmon Blvd

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/15/94

6. FEI Number

65-0520929

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

R. JOHN FRACALOSS

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

12351 Persimmon Blvd

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

400003088044-3

01/05/00-01005-002

****150.00 ****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/21/99

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	R. John Fracalossi	12351 Persimmon Blvd	Royal Palm Beach FL 334
MGR	Ronald J Fracalossi	12351 Persimmon Blvd	Royal Palm Beach FL 33411

REINSTATEMENT

[Signature]
[Signature]

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date

12/21/99

Daytime Phone #

561-352-5553

Typed or printed name of signing Managing Member/Manager

R. John Fracalossi