


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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2016 OCT 11 AM 4:29

**DOCUMENT # M07000001377**

1. Limited Liability Company's Name  
**BRIGHTVIEW LANDSCAPES, LLC**

400291137564

W16000069740

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # <b>401 Plymouth Road</b>		3. Mailing Office Address <b>401 Plymouth Road</b>	
Suite, Apt. #, etc. <b>5th Floor</b>		Suite, Apt. #, etc. <b>5th Floor</b>	
City & State <b>Plymouth Meeting, PA</b>		City & State <b>Plymouth Meeting, PA</b>	
Zip <b>19462</b>	Country <b>USA</b>	Zip <b>19462</b>	Country <b>USA</b>

4. State/Country of Formation <b>Delaware</b>	
5. Date Organized or Qualified To Do Business in Florida <b>03/08/2007</b>	
6. FBI Number <b>42-1724313</b>	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	

8. Name and Address of Current Registered Agent

Name  
**C T CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**1200 SOUTH PINE ISLAND ROAD**

Apt. #, Etc. **SUITE 250**

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

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 Kathryn A. Widdoes Kathryn A. Widdoes, Asst. Secretary Date 10/14/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers (Continued on the attached)			
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Pat Velasco	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	Jeff Herold	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	Jonathan Gottsegen	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	John Faenan	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	Robert Tyler	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	Henry Celotto	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462

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. 617.155, F.S.

Signature of authorized representative/member Jonathan Gottsegen Date 10/10/2016 Daytime Phone # (240) 683-2000

Typed or printed name of signing authorized representative/member Jonathan Gottsegen

BRIGHTVIEW LANDSCAPES, LLC

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**10. Names and Street Addresses of Authorized Representatives/Managers (Continued)**

<b>Titles</b>	<b>Name of Authorized Representatives/ Managers</b>	<b>Street Address of Each Authorized Representative/ Manager</b>	<b>City / State / Zip</b>
AR	Erica Irvin	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	Susan DeSantis	401 Plymouth Road, 5th Floor	Plymouth Meeting, PA 19462
AR	Dave Hanson	24151 Ventura Blvd	Calabasas, CA 91302

# CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10/11/16

ACCT. I20160000072

Name:	Brightview Landscapes, LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:	X			
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 238.75

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Thank you!