


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DOCUMENT # P05000034414
1. Limited Liability Company's Name
Eveready Lawn Service Inc

REINSTATEMENT 06-08
FORM 1 (1/08)

2. Principal Office Address - No P.O. Box #
3950 NW 33 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
3950 NW 33 AVE
Suite, Apt. #, etc.

City & State
Lauderdale Lakes FL

City & State
Lauderdale Lakes FL

Zip Country
33309 Broward

Zip Country
33309 Broward

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida
3/7/2005

6. FEI Number
20-2488658 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
Fritz Grant

Street Address (P.O. Box Number is Not Acceptable)
4816 W Commercial Blvd

Suite, Apt. #, Etc.

City State Zip Code
TAMARAC FL 33319

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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] Date 10-23-08
REGISTERED AGENT MUST SIGN

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
Pres	<u>Michael Blackwood</u>	<u>3950 N.W 33 AVE</u>	<u>Lauderdale Lakes Florida 33309</u>
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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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 10-22-08 Daytime Phone# 9548034789

Typed or printed name of signing Managing Member/Manager _____