

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 AM 8:37

DOCUMENT # P03000097583

1. Corporation Name

L M Lawn Service Inc

2. Principal Office Address - No P.O. Box #

12481 Dewey Road

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Office Address

12481 Dewey Road

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/01/2003

5. FEI Number
20-0200618

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-10

800183717598
07/27/10--01038--011 **1500.00

KS

7. Name and Address of Current Registered Agent

Name

Louie Mendes

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

12481 Dewey Road

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------------|
| P | Louie Mendes | 12481 Dewey Road | Bonita Springs, FL 34135 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: Louie Mendes 7-23-10 239-273-8553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #