


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000028504**

1. Corporation Name  
**THE COMPLETE CUT LAWN SERVICE, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 14 AM 11:38

Principal Place of Business Mailing Address

6225 TERRA ROSA CIRCLE 6225 TERRA ROSA CIRCLE  
 BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437

REINSTATEMENT 01



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07/20/01 96867 007 150.00

4. Date Incorporated or Qualified To Do Business in Florida **03/26/1997**

5. FEI Number **65-0680093** Applied For Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARIETTA, JAMES M	6225 TERRA ROSA CIRCLE	BOYNTON BEACH FL 33437
VSD	MARIETTA, ALLYSON	6225 TERRA ROSA CIRCLE	BOYNTON BEACH FL 33437

200004741322--2  
 -1272701--01042--008  
 \*\*\*600.00 \*\*\*600.00

*Handwritten signature*

8. Name and Address of Current Registered Agent

MARIETTA, JAMES M  
 6225 TERRA ROSA CIRCLE  
 BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Allyson Marietta* Date **12/09/01**  
 REGISTERED AGENT MUST SIGN **10/10/01**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Allyson Marietta* **Allyson Marietta** **10/10/01** **561 785-0749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)