

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134875

1. Corporation Name

R & M LAWN MAINTENANCE, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 03



700025482497
12/15/03--01010--021 **750.00

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

2. New Principal Office Address, If Applicable

4621 CARVER STREET

Suite, Apt. #, etc.

Suite #B

City & State

LAKE WORTH, FL

Zip

33463

Country

3. New Mailing Office Address, If Applicable

4621 CARVER STREET

Suite, Apt. #, etc.

Suite #B

City & State

LAKE WORTH, FL

Zip

33463

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2002

5. FEI Number

55-0814818

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	ROMUALDO HUICHAPA	4621 CARVER STREET #B LAKE WORTH, FL 33463	LAKE WORTH, FL 33463
VICE PRES./ TREASURER	MARISOL M.V. HUICHAPA	4621 CARVER STREET #B	LAKE WORTH, FL 33463

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DOMINGUEZ ODELSA M
515 SOUTH K. STREET
LAKE WORTH FL 33460~~

Name

MARISOL M.V. HUICHAPA

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

4621 CARVER ST. #B

Suite, Apt. #, Etc.

Suite #B

City

LAKE WORTH

State

FL

Zip Code

33463

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03

Date

661-827-7621

Daytime Phone #

CR2E040 (7/03)