## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
FINSTATEMEN



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

P02000134875 DOCUMENT #

CARVER STREET

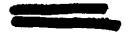
1. Corporation Name

R & M LAWN MAINTENANCE, INC.

Principal Place of Business

Mailing Address

2. New Principal Office Address, If Applicable



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

3. New Mailing Office Address, If Applicable

4621 CARVER

WRTH, FC

FILED

03 DEC 15 PH 12: 41

SECRETATIV OF STATE TALLAHASSEE FLORIDA

12/15/03--01010--021

	ALDI A SA GA				
4.	Date Incorporated To Do Business in	d or Qualified n Florida	12/24	4/2002	2
5.	FEI Number				Applied For

55-0814818

Not Applicable

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

7. Names ar	nd Street Addresses of Each Officer and/or Director (Flo	rida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip				
Preside	ROMUALDO Huichapa	4621 CARVER STREET #B LAKE WORTH, FL 85463	LAKE WOLTH, F1 33463				
vice Pas./ Tals var	MARISOL M.V. Huichapa	4621 CALVELL STREET #B	LAKE WOLTH, F1 33463 LAKE WOLTH, 14 37463				
,							
		·					
	8. Name and Address of Current Registered Age		9. Name and Address of New Registered Agent				
			Name MARISS M.V. Huichan				
	COES ODELSA M	MRRISX M. V. HUICAA pa Street Address (P.O. Box Number is Not Acceptable)					
515 (0)	UTH K. VACET	4621 CARVEN ST. MARCO					
KEW	ORTHAEL 33460	Suite, Apt. #, Etc.  57e # B					
		City Lake Worth	State Zip Code 73463				

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 Agen

REGISTERED ACENT MUST SIGN

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 filling 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