

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39733

1. Corporation Name

A CUT ABOVE A LAWN AND TREE SERVICE, INC.

Principal Place of Business

19875 NW 52 ST
SUITE #4
SUNRISE FL 33351
US

Mailing Address

10875 NW 52ND ST
SUITE #4
SUNRISE FL 33351
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2737154

Applied For

Not Applicable

City & State

City & State

Country

Country

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
P	GOUZ, RONALD	6376 NW 72ND PLACE	PARKLAND FL
TS	VINIG, BARRY	233 N.W. 123RD WAY 2880 N.E. 14TH ST CSWY #304	CORAL SPRINGS FL Pompano Beach FL

200008627122
10/28/02--01086--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINIG, BARRY

233 NW 123 WAY

CORAL SPRINGS FL 33071

2880 N.E. 14TH ST CSWY #304
Pompano Beach FL 33062

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

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

Date

Daytime Phone #

**A CUT ABOVE
A LAWN & TREE SERVICE, INC.**

10875 N.W. 52nd STREET, SUITE #4
SUNRISE, FLORIDA 33351
(954) 572-3358



Thank you & My Concern.

*This letter is to inform you that we have never received the
2 notices of Renewal. we are enclosing the check for \$150.00 in hopes
this will be located.*

*Thank you
Barry Vinit*

*Barry Vinit
Landscape Agent.*