

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 20 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J81075

## 1. Corporation Name

Cimiluca &amp; Asscoaites, Inc. dba Lawn Doctor

REINSTATEMENT 02-03

100024875841

11/20/03--01022--003 \*\*300.00

2. Principal Office Address  
1444 North US 13. Mailing Office Address  
1444 North US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Ormond Beach, Fl.

City &amp; State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

July 1, 1987

5. FEI Number

59-2860721

Applied For

Not Applicable

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

## 7. Name and Address of Current Registered Agent

Name

David Cimiluca

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

24 Audubon Lane

Suite, Apt. #, Etc.

City

Flagler Beach

State  
FL

Zip Code

32136

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

REGISTERED AGENT MUST SIGN

Date

## 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
Pres	David Cimiluca	24 Audubon Lane	Flagler Beach, Fl. 32136
Trea	" "	" " "	" " "
V.P.	Faith Cimiluca	24 Audubon Lane	Flagler Beach, Fl. 32136
Sec	" "	" " "	" " "

10. 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 #

CR2ED81 (1/002)

2

November 13, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Gentlemen:

Enclosed please find our Corporation Reinstatement Application.

At this time we are asking for a waiver of the re-instatement fee because we never received any notice that the fee was due in 2002 or 2003. I did notice on the internet that you still have our address listed as a P. O. Box, that is no longer valid.

I am enclosing a check in the amount of \$300.00 which covers the corporation annual fee for 2002 & 2003.

Thank you for your help in this matter.

Sincerely,

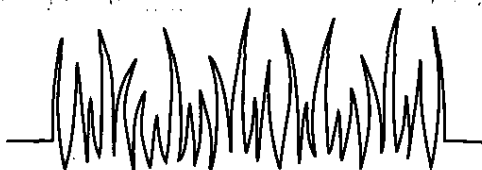
*Faith Cimiluca*

Faith Cimiluca  
CIMILUCA & ASSOCIATES, Inc.  
dba LAWN DOCTOR



**LAWN  
DOCTOR** of

The Daytona Beach Area



KEEPING LAWNS HEALTHY FOR LIFE™

*PLEASE CORRECT OUR  
ADDRESS TO:*

1444 N US 1  
Ormond Beach, FL 32174  
Telephone: 800.976.0146  
Fax: 386.677.7791

[www.lawndoctor.com](http://www.lawndoctor.com)

Each office independently owned and operated.