PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39436**

1 Corporation Name

WRIGHT CUT LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
1340 AVON LANE SUITE 9-111 N LAUDERDALE FL 33068 US	P O BOX 879 DEERFIELD BCH FL 33443-0879 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
74 CEDAR CIRCLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 74 CEDAR CIRCLE
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip / Country 33462 / PALM BEACH	Zip / Country 33462 / PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/1988

5. FEI Number: 65-0141421 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WRIGHT, WILLIAM	1340 AVON LANE #9-111	N LAUDERDALE FL
PD	WRIGHT, WILLIAM	74 CEDAR CIRCLE	BOYNTON BEACH, FL 33462
			500000203493B---5 -12/20/96--01054--004 ****375.00 ****375.00

12/19/96
REINSTATEMENT

8. Name and Address of Current Registered Agent

WRIGHT, WILLIAM
1340 AVON LANE
SUITE 9-111
N LAUDERDALE FL 33068

74 CEDAR CIRCLE
BOYNTON BEACH, FL
33462

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

CR2E040 (7/96)

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 10/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/21/96
Daytime Phone #: 561-963-9200

0070362 AF