

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 OCT 29 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009585**

1. Corporation Name

NEIGHBORHOOD LAWN MAINTENANCE & CAR WASH, INC.

Principal Place of Business

Mailing Address

220 SW 6 AVE
HALLANDALE FL 33009

220 SW 6 AVE
HALLANDALE FL 33009

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2002

5. FEI Number

03 6498075

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
CD	DESSIEU, MYREILLE	712 SW 6 AVE	HALLANDALE FL 33009
VCD	NARCISSE, ANNE M	16851 NE 4 AVE	N MIAMI BEACH FL 33161
STD	MENTOR, GINA	1750 NE 191 ST #804	N MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

DESSIEUX, REV LUC L
712 SW 6 AVE
HALLANDALE FL 33009

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

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct 23rd 2003

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev Luc L Dessieux Oct 23rd 2003

Date

Daytime Phone #