

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -4 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059733

1. Corporation Name

UNIQUE LAWN SERVICES, INC.

2. Principal Office Address

16710 SW 300 Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 901746

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33030

Country

USA

Zip

33090

Country

USA

REINSTATEMENT 03-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/4/2000

5. FEI Number

651018636

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

Ivan G. Torres

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

16710 SW 300 Street

Suite, Apt. #, Etc.

City

Homestead,

State
FL

Zip Code

33030

400060185054

10/04/05--01007--004 **45.00

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

9-28-5

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
P	Ivan G. Torres	16710 SW 300 Street	Homestead, FL 33030
VP	Oralia M. Torres	16710 SW 300 Street	Homestead, FL 33030

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 #

9-28-5 305-484-2722

September 27, 2005

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

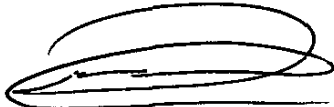
Re: REINSTATEMENT OF UNIQUE LAWN SERVICES, INC.

To whom it may concern:

Please be advised that I never received a reinstatement form in order to reinstate the corporation. As per the Division of Corporation's representative, I herewith enclose an executed Application for Reinstatement along with a check in the amount of \$450.00 made payable to the Department of State to cover the costs for filing and reinstating the corporation.

If further information is needed, please do not hesitate in contacting the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Ivan G. Torres', enclosed within a large, loopy oval shape.

Ivan G. Torres

Enclosures