

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


11 JAN 13 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

TD

CR2E081 (6/10)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # p00000065116

1. Corporation Name

mahogany lawn landscape and tree services, inc.

2. Principal Office Address - No P.O. Box #

13700 n . miami ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami

City & State

florida

Zip

33168

Country

usa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
65 1051978

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

santo nunez

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

13700 n miami ave.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33168

200191327272
01/13/11--01031--001 **550.00

200191327272
01/13/11--01031--002 **200.00

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

Date

REGISTERED AGENT MUST SIGN

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
president	santo nunez	13700 n miami ave.	miami,fl,33168

10. E-mail Address: santonu123@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Santo T. Nunez

SANTO T. NUNEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/11 305685-1355

6851355