

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000071834

1. Corporation Name

M & B LAWNMAINTENANCE, INC.

Principal Place of Business

Mailing Address

21460 SW 109 AVENUE
MIAMI FL 33189

21460 SW 109 AVENUE
MIAMI FL 33189

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

FILED
03 OCT 21 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

07/27/2000

5. FEI Number

59-2225955

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	MCINTYRE, STEPHEN	21460 SW 109 AVENUE	MIAMI FL 33189
V	MCINTYRE, PAUL	21460 SW 109 AVENUE.	MIAMI FL 33189
S	MCINTYRE, JONATHAN	21460 SW 109 AVENUE	MIAMI FL 33189
P	MCINTYRE, MATTIE	21460 SW 109 AVENUE	MIAMI FL 33189

500024247575
10/29/03 01015 022 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCINTYRE, STEPHEN 21460 SW 109 AVENUE MIAMI FL 33189	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

CR2E040 (7/03)

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

Date 10-21-05

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-21-05 Daytime Phone #