

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

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 Zip Code  
FL

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 *Stephen McIntyre*  
REGISTERED AGENT MUST SIGN

Date 10-21-05

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: *Stephen McIntyre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-21-05  
Daytime Phone #

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

**REINSTATEMENT 03**

CR2E040 (7/03)