

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -2 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000077250**

1. Corporation Name

**THE CUTTING EDGE LANDSCAPING OF SOUTH FLORIDA, I
NC.**

Principal Place of Business

Mailing Address

561 SLIPPERY ROCK RD
WESTON FL 33327

561 SLIPPERY ROCK RD
WESTON FL 33327



REINSTATEMENT 01-02

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1033096

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President	JEFFREY H MYERS JR	561 Slippery Rock Rd.	Weston, FL, 33327

9000006269799--1

-07/09/02--01020--010

***900.00 ***900.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS, JEFFREY H JR
561 SLIPPERY ROCK RD
WESTON FL 33327

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.

Signature of
Registered Agent

Handwritten signature of Jeffrey H. Myers Jr.

REGISTERED AGENT MUST SIGN

Date

6/14/02

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:

Handwritten signature of Jeffrey H. Myers Jr.

JEFFREY H MYERS JR.

Date

6/14/02

Daytime Phone #

954-914-5725

CR2E040 (8/01)