

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 MAR 20 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000000759

1. Corporation Name

mixo's landscape inc.

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

6564 constance street

Suite, Apt. #, etc.

City & State

lake worth, florida

Zip

33467

Country

palm beach

3. Mailing Office Address

6564 constance street

Suite, Apt. #, etc.

City & State

lake worth florida

Zip

33467

Country

palm beach

REINSTATEMENT

CR2E081 (12/07)

02-08^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

5. FEI Number

651069315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING
ON THE REINSTATEMENT OF STATUS

7. Name and Address of Current Registered Agent

Name

MIXO PREVOT

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

6564 constance street

Suite, Apt. #, Etc.

City

lake worth

State

FL

Zip Code

33467

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date 3/25/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	MIXO PREVOT	6564 CONSTANCE ST.	LAKE WORTH, FL 33467
		03-04-08 01025 022	\$1,500.00
		900121248319	
		03/26/08 01002 024	**150.00

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 contained in Chapter 119, 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] MIXO PREVOT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 561-441-5156

Date

Daytime Phone #