

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 # P01000013105

1. Corporation Name

MB LAWN SERVICE & JANITORIAL, INC.

Principal Place of Business

2312 SW NORTON ST  
PORT ST LUCIE FL 34953-2260

Mailing Address

2312 SW NORTON ST  
PORT ST LUCIE FL 34953-2260

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2001

5. FEI Number

65-1077257

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | MEJIA, JERONIMO                           | 2312 SW NORTON ST                                      | PORT ST LUCIE FL 34953  |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

MEJIA, JERONIMO  
2312 SW NORTON ST  
PORT ST LUCIE FL 34953-2260

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE  
REGISTERED AGENT MUST SIGN

Date 10.31.03

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

10.31.03

Date

772-284-6014

Daytime Phone #

CR2E040 (7/03)

MB LAWN SERVICE & JANITORIAL, INC.  
FEI # 65-1077257  
2312 SW NORTON ST.  
PORT ST. LUCIE, FL 34953

Department of State,

This letter is to state that until the time of receiving the application for reinstatement MB  
LAWN SERVICE & JANITORIAL, INC. was unaware of prior notification sent for our  
annual uniform business report. Enclosed is \$150.00 for this fee.



Thank-you

Jeronimo Mejia President