

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 15 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **001000017779**

1. Corporation Name

Corporate Care Landscape Maintenance Service, Inc.

800029416098
REINSTATEMENT 02/26/04--01004--012 **750.00

2. Principal Office Address

4925 Justin Lane

Suite, Apt. #, etc.

City & State

Plant City, Fl.

Zip
33565

Country
USA

3. Mailing Office Address

4925 Justin Lane

Suite, Apt. #, etc.

City & State

Plant City, Fl.

Zip
33565

Country
USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/14/02

5. FEI Number

59-37-00330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. Michael Larrinaga

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

5025 Fowler Ave

Suite, Apt. #, Etc.

14

City

Tampa

State
FL

Zip Code
33617

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

R. Michael Larrinaga

REGISTERED AGENT MUST SIGN

Date 2/17/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert R. Sapp, Sr.	4925 Justin Lane	Plant City, Fl. 33565
V, S	Andrea J. Sapp	4925 Justin Lane	Plant City, Fl. 33565

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 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:

Andrea J. Sapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

813-927-0962

Daytime Phone #

CR2E081 (01/04)