

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC -6 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052843

1. Corporation Name

Barbosa Complete LAWN Care

2. Principal Office Address

2091 43rd TERR S.W.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

Collier

3. Mailing Office Address

2091 43rd TERR S.W.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

Collier

600042188426  
12/28/04--01035--026 \*\*450.75

waf- 39904

4. Date Incorporated or Qualified  
To Do Business in Florida:

5/21/2007

5. FEI Number

59-3745416

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

Edmundo Barbosa

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

2091 43rd TERR. S.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

**REINSTATEMENT** 02-01

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

Edmundo Barbosa

REGISTERED AGENT MUST SIGN

Date

10/21/04

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	Edmundo Barbosa	2091 43rd TERR S.W.	Naples, FL 34116

600042188426  
12/28/04--01035--026 \*\*608.75

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)(b), 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:

Edmundo Barbosa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04 (239) 353-3940  
DATE Daytime Phone #

CR2081 (01/04)