

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 901000067535

1. Corporation Name

COMPLETE LAWN MAINTENANCE, INC.
740 NW 24TH STREET
POMPANO BEACH, FL 33064

2. Principal Office Address

740 NW 24TH STREET

3. Mailing Office Address

740 NW 24TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

Zip

33064

Country

4. Date Incorporated or Qualified

To Do Business in Florida

07/10/2001

5. FEI Number

65-1119830

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

JIMENEZ, GUADALUPE

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

740 NW 24TH STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

800034820418
04/30/04--01020--026 **1068.75

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

Guadalupe Jimenez GUADALUPE JIMENEZ PD, Date 04-20-04

REGISTERED AGENT MUST SIGN

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
PD	JIMENEZ, GUADALUPE	740 NW 24TH STREET	POMPANO BEACH, FL 33064

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:

Guadalupe Jimenez GUADALUPE JIMENEZ PD, APR. 20, 2004 954-347-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TN