2007 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2007 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 18 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000684

1. Corporation Name

GreenLife Landscaping & Lawn Service

100039102161
04/27/07--01012--019 **150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
9501 NW 106 ST.		P.O.Box 472531	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33178	Country:	Zip: 33147	Country: miami-dade

4. Date Incorporated or Qualified To Do Business in Florida: 1995

5. FEI Number: 60-0002816 ☐ 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: SIMS, WALTER

Street Address (P.O. Box Number is Not Acceptable): 9501 NW 106 ST.

Suite, Apt. #, Etc:

City: MIAMI State: FL Zip Code: 33178

[redacted]

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 _____ Date _____

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
P	SIMS, WALTER	SAME AS ABOVE	

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: Walter Sims 4/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PC 4/23