

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000005922**

1. Corporation Name

JUAREZ LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

15331 MONROE RD.
DELRAY BEACH FL 33484

15331 MONROE RD.
DELRAY BEACH FL 33484

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

2. New Principal Office Address, If Applicable

2101 Catherine Drive

3. New Mailing Office Address, If Applicable

2101 Catherine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33484

Country

U.S.A.

Zip

33484

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2002

5. FEI Number

03-0387351

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	JUAREZ, BONIFILIO	15331 MONROE RD.	DELRAY BEACH FL 33484
VSD	JUAREZ, EVELIO	15331 MONROE RD.	DELRAY BEACH FL 33484

800028739278
02/13/04--01042--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUAREZ, BONIFILIO
15331 MONROE RD.
DELRAY BEACH FL 33484

Name

Bonifilio Juarez

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

2101 Catherine Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

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

Bonifilio Juarez

REGISTERED AGENT MUST SIGN

Date **02/06/2004**

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:

Bonifilio Juarez

Bonifilio Juarez

02/06/2004

(561) 573-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

JUAREZ LAWN SERVICE, INC.
2101 Catherine Drive
Delray Beach, FL 33484
February 6, 2004

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: JUAREZ LAWN SERVICE, INC.
P02000005922

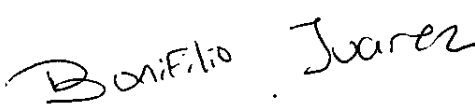
Secretary of State,

I am hereby requesting a waiver of reinstatement fee for the above named corporation. I did not receive the uniform business report notices for year 2003.

I am enclosing herewith, a completed application for reinstatement, which illustrates the current address for the corporation, along with the \$150.00 for year 2003 and \$150.00 for year 2004 fees to file the report without penalty, as I hope my waiver request will be granted.

Thank you in advance for your assistance.

Sincerely,


Bonifilio Juarez

Enclosures