

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV -4 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-02600009897  
1. Corporation Name Big Lake Landscaping & Irrigation, INC.

DOC # P02000009897

2. Principal Office Address <u>17505 Okeechobee Rd.</u>		3. Mailing Office Address <u>17505 Okeechobee Rd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Ft. Pierce, FL</u>		City & State <u>Ft. Pierce, FL</u>	
Zip <u>34945</u>	Country <u>USA</u>	Zip <u>34945</u>	Country <u>USA</u>

**REINSTATEMENT**

153

4. Date Incorporated or Qualified To Do Business in Florida <u>1/22/02</u>	
5. FEI Number <u>05-0894456</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name <u>Angelo Lopez</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>17505 Okeechobee Rd.</u>	
Suite, Apt. #, Etc.	
City <u>Ft. Pierce, FL</u>	Zip Code <u>34945</u>

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 [Signature] Date 10-14-03  
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
VP	DANNY LOPEZ	5415 NW BOLIN	Ft. Pierce, FL 34986
Pres	ANGELO LOPEZ	17505 Okeechobee Rd	Ft. Pierce, FL 34945

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)