

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 PM 12:42

DOCUMENT # P02000038982

1. Corporation Name *Premium Lawn Services, Inc*

000117721340
02/11/08--01043--020 **1350.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 3784 WOODFIELD DRIVE		3. Mailing Office Address 3784 WOODFIELD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCONUT CREEK, FLORIDA		City & State COCONUT CREEK, FLORIDA	
Zip 33073	Country USA	Zip 33073	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/09/2002	
5. FEI Number 300063549	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 JOAO S PEREIRA			
Street Address (P.O. Box Number is Not Acceptable) 3784 WOODFIELD DRIVE			
Suite, Apt. #, Etc.			
City COCONUT CREEK, FLORIDA		State FL	Zip Code 33073

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Joao S. Pereira*
REGISTERED AGENT MUST SIGN

Date *02-06-2008*

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
PTD	JOAO S PEREIRA	3784 WOODFIELD DRIVE	COCONUT CREEK, FL 33073

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: *Joao S. Pereira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *02-06-2008*
Daytime Phone #