

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048512

1. Corporation Name

Royal Palm Lawn Care, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

REINSTATEMENT

03-04
MRD

2. Principal Office Address
14840 Indigo Lakes Circle

3. Mailing Office Address
14840 Indigo Lakes Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/02/2002

5. FEI Number
01-0770765

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
Gino Salvatore

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

14840 Indigo Lakes Circle

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code
34119

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 01/27/04

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	Salvatore, Gino	14840 Indigo Lakes Circle	Naples, FL 34119
VCB	Salvatore, Carina Delete	14840 Indigo Lakes Circle	Naples, FL 34119
SD	Salvatore, Gino Andres	14840 Indigo Lakes Circle	Naples, FL 34119
TD	Salvatore, Nikki	14840 Indigo Lakes Circle	Naples, FL 34119

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

Gino Salvatore

01/27/04

Date

(239) 825-4318

Daytime Phone #

CR2E081 (10/02)

282

GUALARIO, LIGHT & ANDREWS, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

ANTHONY J. GUALARIO, CPA
MICHAEL A. LIGHT, CPA
PATRICIA A. ANDREWS, CPA

MEMBERS:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

January 27, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

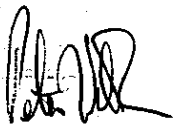
Re: Royal Palm Lawn Care, Inc.
14840 Indigo Lakes Circle
Naples, FL 34119
Doc.#: P02000048512

Dear Sir or Madam:

Please find enclosed with this letter a completed application for corporate reinstatement along with a check in amount of \$150 to cover the annual report fee and the corporate supplemental fee for 2003. The preprinted Uniform Business Report was never received and thereby not filed, causing the inadvertent administrative dissolution of the corporation on 9/19/2003.

We respectfully request a waiver of the reinstatement fee based on non-receipt of the form, and request the processing of the reinstatement along with the appropriate changes of information as soon as possible. In addition, please also forward a preprinted copy of the 2004 UBR to the new registered agent as listed on the reinstatement application. Thank you for your assistance in this matter.

Sincerely yours,



Peter Wallack