

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000069395**

1. Corporation Name

**D&S EXTERIOR MAINTENANCE
AND FULL SERVICE LANDSCAPING INC.
111 BROAD STREET
TITUSVILLE, FLORIDA 32796-2895**

REINSTATEMENT 02-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

42-1540628

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

LOUIS VENUTI

800028309438

02/05/04--01063--031 **300.00

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

400 ORANGE ST

800028309438

02/05/04--01063--032 **150.00

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32796

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

Louis Venuti

Date

1-31-04

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
P	DARRYL B MEADOWS	DARRYL B MEADOWS DANA M ECHOLS 4538 SEATTLE STREET COCOA, FL 32927	

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:

Darryl B. Meadows **1-31-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-383-2519

CR2E081 (10/02)