PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093670

1. Corporation Name

PRIMECUTS LAWN & LANDSCAPING MAINTENANCE, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 880022	P.O. BOX 880022
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST.LUCIE, FLORIDA	City & State: PORT ST LUCIE, FLORIDA
Zip: 34990 Country: ST. LUCIE	Zip: 34990 Country: ST. LUCIE

7/21/03 90131 030 $150.00

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/2002

5. FEI Number: 52-2374073 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: JEFFREY HOLTZ

Street Address (P.O. Box Number is Not Acceptable): 6457 SW TRAVERS STREET

500025382:3
12/09/03--01006--012 **150.00

Suite, Apt. #, Etc.:

City: PALM CITY | State: FL | Zip Code: 34990

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: 12/5/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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	JEFFREY HOLTZ	P.O. BOX 880022	PALM CITY, FLORIDA 34990

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: _____ JEFFREY HOLTZ 12/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FL 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

December 1, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Primecuts Lawn & Landscaping Maintenance, Inc
Document #: P02000093670
FEIN: 52-2374073
Tax Form: UBR
Tax Period: 2003

To Whom It May Concern:

We have enclosed check #1291 in the amount of $150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Holtz did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Holtz is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C R Cooper

C. R. Cooper, CPA

Encl.

cc