

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000118329

1. Corporation Name

Cruz Lawn Service, Inc

2. Principal Office Address - No P.O. Box #
1536 NW 31 Ave

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33125

Country
Dade

3. Mailing Office Address
1536 NW 31 Ave

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33125

Country
Dade

REINSTATEMENT

06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **11/01/02**

5. FBI Number
02651549

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
Onel Cruz

Street Address (P.O. Box Number is Not Acceptable)
1536 NW 31 Ave

Suite, Apt. #, Etc.

City
Miami,

State Zip Code
FL 33125

☒ 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 *Onel Cruz*

Date 12-14-07

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	Onel Cruz	1536 NW 31 Ave	MIAMI, FL 33125

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: *Onel Cruz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-14-07
Daytime Phone #