

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 13 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD 8-14-08

000134433530
08/13/08--01026--006 **450.00

DOCUMENT # PO 2000127837

1. Corporation Name

HIGH MAINTENANCE LANDSCAPE + LAWN
CARE, INC.

2. Principal Office Address - No P.O. Box #

5906 AUDUBON MANOR
Suite, Apt. #, etc. BLVD.

3. Mailing Office Address

5906 AUDUBON MANOR
Suite, Apt. #, etc.

City & State

LITHIA, FL

City & State

LITHIA, FL

Zip

33547

Country

HILLSBOROUGH

Zip

33547

Country

HILLSBOROUGH

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/2/2002

5. FEI Number

320046930

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

PETER WARAKSA

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

5906 AUDUBON MANOR BLVD

Suite, Apt. #, Etc.

City

LITHIA

State

FL

Zip Code

33547

☒ 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

Peter Waraksa

REGISTERED AGENT MUST SIGN

Date 8/8/08

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
OWNER	BRYAN P. WARAKSA	8575 CAREY ROAD	LITHIA, FL 33547

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/08 813-363-9804

Daytime Phone #