

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000049495

1. Corporation Name

M & M LANDSCAPE INC.

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

634 NE 11TH STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD

Zip
33030

Country
USA

3. Mailing Office Address

634 NE 11TH STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD

Zip
33030

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/2003

5. FEI Number
41-2093634

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
LEON B FRANCIS

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

Suite, Apt. #, Etc.
5

City
HOMESTEAD

State
FL

Zip Code
33030

☐ 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

Leon B Francis

Date **1/24/07**

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
P	MARK MUSIL	634 NE 11TH STREET	HOMESTEAD, FL 33030

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

Daytime Phone #

1.24.07 305-2481576

FILED

2007 JAN 29 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/05/07--01013--016 **1445.00

REINSTATEMENT

CR2E081 (1/07)

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1/22/07