

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 19 PM 4:08

DOCUMENT # P03000061926

1. Corporation Name

The Perfect Cut Lawncare & Landscape Service, Inc.

2. Principal Office Address

15300 SW 299st.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

3. Mailing Office Address

15300 SW 299st.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06-04-2003

5. FEI Number

80-0080616

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

Joel Padron

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

15300 SW 299 st.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

200074351322

05/10/06--01004--014 **1050.00

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

Joel Padron

Date 4-12-06

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
<u>P</u>	<u>Joel Padron</u>	<u>15300 SW 299st</u>	<u>Homestead FL 33033</u>

000074351420

05/10/06--01004--015 **8.75

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:

Joel Padron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

76-999-4735

Daytime Phone #