


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN -9 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900115204439
01/15/08--01040--016 **750.00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P03000082068

1. Corporation Name

GREEN MOON LAWN SERVICE, CORP.

2. Principal Office Address

2033 WEST 62ND STREET

Suite, Apt. #, etc.

SUITE 283

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

3. Mailing Office Address

2033 WEST 62ND STREET

Suite, Apt. #, etc.

SUITE 283

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07-28-2003

5. FEI Number

☒ 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

LUIS A. OSORIO

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

2033 WEST 62ND STREET

Suite, Apt. #, Etc.

SUITE 283

City

HIALEAH

State

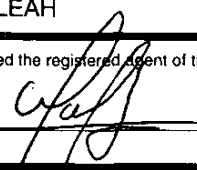
FL

Zip Code

33016

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



REGISTERED AGENT MUST SIGN

Date JAN. 08, 2008

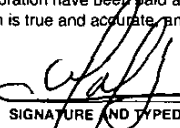
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS A. OSORIO	2033 WEST 62ND STREET - STE 283	HIALEAH, FL 33016

REINSTATEMENT
04-08

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 08, 2008

Date

Daytime Phone #

CR2E081 (01/04)

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY, WE ARE INCLUDING THE \$150.00 FOR 2008 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

A handwritten signature in dark ink, appearing to read 'Luis A. Osorio', is written over a horizontal line.

LUIS A/ OSORIO
PRESIDENT/DIRECTOR