

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 16 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000083626**

1. Corporation Name

C + M Landscaping and Lawn Inc.

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

12000 Turkey Roost RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TLH FL

City & State

Zip

32317

Country

LEON

Zip

Country

400168981044

02/16/10--01021--003 **458.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5-26-04

5. FEI Number

20-1171994

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

MIKE ~~STROT~~ AYLIN

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

12000 Turkey Roost RD

Suite, Apt. #, Etc.

City

TLH

State

FL

Zip Code

32317

☒ 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

REGISTERED AGENT MUST SIGN

Date **2-16-10**

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	CINDY AYLIN	12000 Turkey Roost RD	TLH FL 32317
VP	MIKE AYLIN		

10. E-mail Address: **CMLandscaping@yahoo.com**

(To be used for future annual report notification)

11. 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, I further certify, 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:

MIKE AYLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-10

Date

8509332636

Daytime Phone #