

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000142313

1. Corporation Name

Precision Cut Lawn Care Services, Inc.

2. Principal Office Address

16015 Timberwood Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

Usa

3. Mailing Office Address

16015 Timberwood Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

Usa

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

26-0097967

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

Jose G Perez

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

16015 Timberwood Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

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

Date 10/04/06

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
P	Jose G Perez	16015 Timberwood Dr	Tampa, FL 33625

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

10/04/06

Date

813/265-7015

Daytime Phone #

**PRECISION CUT LAWN  
CARE SERVICES, INC**

16015 Timberwood Dr  
Tampa, FL 33625

October 4, 2006

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

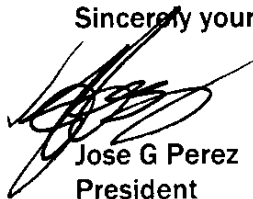
Re: Reinstatement Fees

To Whom It May Concern:

I want to request that my reinstatement fee be waived because I did not receive the annual report notice. The reason was because we moved from 16015 Timberwood Dr, Tampa, FL 33625.

I am enclosing the \$300.00 fees to cover 2005 & 2006 dues.

Sincerely yours,



Jose G Perez  
President