AARON'S LANDSCAPING CORPORATION 2. Principal Citics Address - No PO. Box # 3. Mailing Office Address 213 PALM SPRINGS DR 2. Principal Citics Address - No PO. Box # 3. Mailing Office Address 213 PALM SPRINGS DR 2. Suite, Apt. #, etc. City & State LONGWOOD, FL Zip Country 2. Principal Citics Address of Current Registered Agent Name **TRANSPORT OF DEAR HUNDER 7. Name and Address of Current Registered Agent **TRANSPORT OF DEAR HUNDER **TR		PLEASE READ	ALL INST	RUCT	IONS BEFORI	E C	OMPLETI	NG THIS FOR	<u>И</u> . "««	<u> </u>
1. Corporation Name AARON'S LANDSCAPING CORPORATION 2. Phroppid Office Address - No P.O. Box of 213 PALM SPRINGS DR Suite, Act. 8, etc. 3. Mailing Office Address Suite, Act. 8, etc. 5. Suite, Act. 8, etc. City & State C		(金融) (金属) (金属)	5	Sécretar	y-of State	E		The state of the s	第二 <u>季</u>	B
2. Principal Office Address - No P.O. Box # 213 PALM SPRINGS DR Suite, Apt. #, atc. Suite, Apt. #, atc. City & State City & City & City City & City & City & City City & City		•	53813	1				(OFFICE	6
213 PALM SPRINGS DR Suite, Apt. #, etc. City & State Ci	AARO	DN'S LANDSCAPING	CORPO	PRATI	ON					
Suite, Apt. #, act. Suite, Apt. #, act.	· I			Office Address			100222477031 02/20/1201046003 **750.00			
City & State LONGWOOD, FL Zip Country Zip Country Zip Country Zip Country Applied For Not Applied Fo	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			L				
LONGWOOD, FL Zip Zip Zip Country Applied For Name and Address of Current Registered Agent Name ***PRAME Applied For Name Address of Current Registered Agent Name ***PRAME Applied For Name Address of Current Registered Agent Name ***PRAME Address of Current Registered Agent Name ***PRAME ADDRESS ***State Address of Current Registered Agent Name Address of Current Registered Agent ***State Address of Current Registered Agent ***State Address of Current Registered Agent ***State Address of Each Officer and State Agent Agen	City & Stat	e	City & State				To Do Business in Florida 11/10/2004			
32750 USA 7. Name and Address of Current Registered Agent Name HELL MUSEZ, MARUES Store Address of P.O. Box Number is Not Acceptable) 313 PRUM SPRINGS VR Sulte, Apt. 8; Etc. City City City Registered Agent Registered Agent Must Sign Registered Agent Registered Agent Registered Agent Name of Offices and/for Directors Offices and/for Directors Offices and/for Directors Offices and/for Directors Registered Agent Registered Agent Directors Offices and/for Directors Tules Registered Agent Directors Offices and/for Directors Offices and	•						00 400E007			
Name Attended to the second process of the s	•	ا د د م	Zip		Country		6. CERTIFICAT	E OF STATUS DESIRED☐		
AFRAMINER Street Address: (To be used for future annual report notification) Street Address: (To be used for future annual report notification) Titles (To be used for future annual report notification) Titles (To be used for future annual report notification) Titles (To be used for future annual report notification) Titles		7. Name and Address o	f Current Regis	tered Ager	nt					
Suite. Apt. #. Etc. State Zip Code FL 32150	HERNAMOES, WARING									
Sinte Apt. #. Etc. State Zip Code FL 33.35.0. 8. Leting appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 697.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Panes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PT AARON HERNANDEZ 213 PALM SPRINGS DR LONGWOOD, FL 32750 10. E-mail Address: (To be used for future annual report notification) 11. I cortify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in challer 507 or 617, F.S. I suffice certify that when filing this report notification, the reason for dissolution has been eliminated, the corporate name assistes the requirements of section 607.0401 or 617.0401, F.S., and that all lies owed by the corporation have been paid, if further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as intrinsical provided for in 817.155, F.S. SIGNATURE: 10. Signature of Registered Agent (Provided Formation submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S. SIGNATURE: 10. Signature of Registered Agent (Provided Formation submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S. SIGNATURE: 11. Signature of Registered Agent (Provided Formation submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S. SIGNATURE:							1	6000 UT	\cap α 2	
8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 697.0505 or 617.0503, F.S. Signature of Registered Agent Regi										
Signature of Registered Agent Agent Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name of Officer and/or Director Officer and/or Director City / State / Zip PT AARON HERNANDEZ 213 PALM SPRINGS DR LONGWOOD, FL 32750 8. HAWKES REINSTATEMENT 2012 2017 EXAMINER 10. E-mail Address: (To be used for future annual report notification) 11. I cortify 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 fling 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., and 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. I am away that Jatigar Information submitted in a document to the Department of State constitutes a third degree fellory as provided for in 817, 155, F.S. SIGNATURE: 10. Date 0.3 - 0.2 - 1.6 - 2012 11. Section 607.0401 or 617.0401, F.S., and that all fees over the component of the degree fellory as provided for in 817, 155, F.S. SIGNATURE:	•							6/120102902	22 **1	50.00
Titles Name of Officers and/or Directors PT AARON HERNANDEZ 213 PALM SPRINGS DR LONGWOOD, FL 32750 S. HAWKES PEB 2012 City / State / Zip 10. E-mail Address: (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 fling 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., and that all foes 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. I am aware that laise information submitted in a document to the Department of State constitutes a third degree fellony as provided for in a 817.155, F.S. SIGNATURE:	Śignature	of Agent	2			the obli	igations of section			2/2
Officer and/or Directors Officer and/or Director Ones of the Congression Ones of the Congress	9. Name	es and Street Addresses of Each Officer and	d/or Director (Flo	erida nonpro	ofit corporations must list	t at leas	st 3 directors)			
S. HAWKES 2012 Cro be used for future annual report notification) 10. E-mail Address: (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., and 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. I am awarg that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 02 - 16 - 2012 907,82 - 7/5/	Titles							City / State / Zip		
10. E-mail Address: (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 02 - 16 - 2012	PT	AARON HERNANDEZ			213 PALM SPRINGS DR			LONGWOOD, FL 32750		
10. E-mail Address: (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 02 - 16 - 2012		1								
10. E-mail Address: (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 02 - 16 - 2012				750						
10. E-mail Address: (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 02 - 16 - 2012		S	HAW	ES	I	RE	EINS	CATELAI	TA TER	-
10. E-mail Address: (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:		,	FEB			20	$\alpha / / - /$		21 V 1	
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:			EXAMI	NER		U	<u> </u>	×		
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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 02 - 16 - 2012	^{10.} E-m	ail Address:	, ·	(To	be used for future annual	report n	notification)			
	reinsta owed I if made	Idement application, the reason for dissolution by the corporation have been paid. I further a under oath. I am aware that false information that the corporation is a supplied to the corporation of the c	on has been elim certify, the inforn ion submitted in	mpowered t inated, the nation indic a documen	to execute this application corporate name satisfies ated on this application is to the Department of St	on as proster as true a tate cor	rovided for in ch quirements of se and accurate, an nstitutes a third of O2 —	ection 607.0401 or 617.040 d my signature shall have degree felony as provided	11, F.S., and the same le for in s.817.	that all fees gal effect as 155, F.S.