

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000170902

1. Corporation Name

CLEAN CUT LAWNs, INC.

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

16221 SW 282 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Zip

33033

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/04

5. FEI Number

20-2119529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (10/08)

**FILED**

08 NOV 14 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900137938739  
11/14/08--01051--013 \*\*450.00

**7. Name and Address of Current Registered Agent**

Name

James M. Guest CPA

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

50 SE Kindred Street

Suite, Apt. #, Etc.

#303

City

Stuart

State

FL

Zip Code

34994

☒ 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

11/4/08

**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
PST	Sean Reeder	50 SE Kindred Strt #303	Stuart, FL 34994

**REINSTATEMENT**

De-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 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

Sean Reeder

Date

11-8-08

Daytime Phone #

786-255-0200