

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000083558

1. Corporation Name

BJ'S PROFESSIONAL LAWN CARE, PAINTING, INC.

REINSTATEMENT 07-09

CR2E081 (12/08)

JC 7/20

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

710 NW 37TH AVE

3. Mailing Office Address

710 NW 37TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33311

Country

US

Zip

33311

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/05

5. FEI Number
20-2982687

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

SAMUEL B EVANS

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

710 NW 37TH AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311

☒ 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.

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07/14/09--01018--001 ***

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

Samuel Evans

Date 07/07/09

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	SAMUEL B EVANS	710 NW 37TH AVE	FT. LAUDERDALE, FL. 33311
			07/14/09 01018--001 ***450.00

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:

Samuel Evans

SAMUEL B EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/09

Date

954-914-9677

Daytime Phone #