

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 SEP -3 PM 5:16

SECRETARIAT
TALLAHASSEE

DOCUMENT # PO5000093577

1. Corporation Name

The Cutting Edge Lawn Care Service Inc.

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

436 Thousand Oaks Blvd.

Suite, Apt #, etc

City & State

Davenport, FL

Zip

33896

Country

USA

3. Mailing Office Address

436 Thousand Oaks Blvd.

Suite, Apt #, etc

City & State

Davenport, FL

Zip

33896

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Wayne Buckley

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

436 Thousand Oaks Blvd.

Suite, Apt #, Etc

City

Davenport

State

FL

Zip Code

33896

300263983853
09/04/14--01001--022 **1835.00

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

Wayne Buckley

Date

9-3-14

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
Pres	<u>Wayne Buckley</u>	<u>436 Thousand Oaks Blvd.</u>	<u>Davenport, FL 33896</u>
			<u>07-14</u>
			<u>dec</u>

10. E-mail Address: The Cutting Edge Lawn E Hotmail.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., and that all fees owed by the corporation have been paid. 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:

Wayne F. Buckley

Wayne F. Buckley

Date

9-3-14

Daytime Phone #

(407) 791-7212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR