

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705000094792**

1. Corporation Name

JS Property and Lawn Maintenance, Inc

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

*** 3768 NW 91st Lane**

Suite, Apt. #, etc.

3. Mailing Office Address

3768 NW 91st Lane

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 1, 2005

5. FEI Number

20-3094517

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

James Santiago

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

3768 NW 91st Lane

Suite, Apt. #, Etc.

City

Sunrise FL

State

FL

Zip Code

33351

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

James Santiago

REGISTERED AGENT MUST SIGN

Date **5/18/10**

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	James Santiago	3768 NW 91st Lane	Sunrise, FL 33351
*	MOVING ON JUNE 10th -		
	Temp Mailing address:	5625 Taft Ave, Hollywood, FL	33021
*	Article of Amendment to follow upon obtaining new address.		

10. E-mail Address: **nine40eight@yahoo.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., 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.

SIGNATURE:

James Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/10

Daytime Phone #

954 804-9015

5/18/10