

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 23 AM 10:04

STATE
TALLAHASSEE, FLORIDA

200106729452
07/26/07--01006--004 **150.00

DOCUMENT # P06000119897

1. Corporation Name

Heavenly Touch Lawn Care, Inc.

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

4003 Golden Finch Way

3. Mailing Office Address

4003 Golden Finch Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida 34746

City & State

Orlando, Florida 34746

Zip

34746

Country

usa

Zip

34746

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

87-0781626

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
Derrick Watts

Street Address (P.O. Box Number is Not Acceptable)
1815 Glendale Rd

Suite, Apt. #, Etc.

City
Orlando, Florida 32808

State
FL

Zip Code

☒ 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

Derrick Watts

REGISTERED AGENT MUST SIGN

Date *7-16-07*

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
Pd	Derrick Watts	4003 Golden Finch Way	Orlando, Florida 34746
	<i>[Signature]</i>		

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:

Derrick Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/2007

Date

407-297-3700

Daytime Phone #

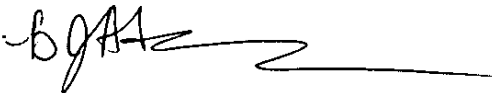
July 16, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

This letter is to inform you that Heavenly Touch Lawn, Inc. has never received their reinstatement notice for 2007. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions concerning this matter please feel free to contact me at 407 297-3700. The Document # P06000119897.

Your consideration concerning this matter is greatly appreciated.

Cordially,

A handwritten signature in black ink, appearing to read 'BGA', followed by a long horizontal flourish.

Barbara J. Adams
Accountant

A handwritten signature in black ink, appearing to read 'Derrick Vath'.

Heavenly Touch Lawn Care, Inc. President