

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000011774

1. Corporation Name

C&F LANDSCAPING & LAWN SERVICE INC

500178923295
04/29/10--01033--018 **450.00

REINSTATEMENT 08-10

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

219 NEVILLE CIRCLE NE

Suite, Apt. #, etc.

City & State

PALM BAY FL

Zip

32910

Country

USA

3. Mailing Office Address

PO BOX 100192

Suite, Apt. #, etc.

City & State

PALM BAY FL

Zip

32910

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 26 2007

5. FEI Number

74-322 1709

☐ 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

LUZ INFANTE

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

219 NEVILLE CIRCLE NE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32910

☒ 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

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	LUZ INFANTE	219 NEVILLE CIR NE	PALM BAY FL 32907
VP	FERNANDO Infante	219 NEVILLE CIR NE	PALM BAY FL 32907
	[Signature]		

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-10

321-213-1267