

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000046226

1. Entity Name
LAWN & TREE SERVICE BY MARIO INC



FILED
08 DEC 12 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
137 NE 27TH TERRACE
CAPE CORAL, FL 33904

Mailing Address
137 NE 27TH TERRACE
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #
137 SE 27TH TERRACE

3. Mailing Address
137 SE 27TH TERRACE

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL

Zip
33904

Country
US

Zip
33904

Country
US



12102008 REIN-P CR2E098 (1/07)

4. FEI Number
20-8900962

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORDERO, MARIO
137 NE 27TH TERRACE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name
MARIO CORDERO
Street Address (P.O. Box Number is Not Acceptable)
137 SE 27TH TERRACE
City
CAPE CORAL FL Zip Code
33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mario Cordero*
Signature, typed or printed name of registered agent on file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDERO, MARIO 137 SE 27TH TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200138987862 12/12/08--01040--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDERO, LYNNETTE 137 SE 27TH TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mario Cordero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/08 (239) 707-5037
Date Daytime Phone #