

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 24 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11182008 REIN-P CR2E098 (1/07)

DOCUMENT # P07000108877 1. Entity Name MAYOLO AGUADO LAWN SERVICES INC					
Principal Place of Business 25544 CRESTON AVE SORRENTO, FL 32776			Mailing Address 25544 CRESTON AVE SORRENTO, FL 32776		
2. Principal Place of Business - No P.O. Box # 25544 Creston Ave		3. Mailing Address 25544 Creston Ave			
Suite, Apt. #, etc. Sorrento FL		Suite, Apt. #, etc. Sorrento FL			
City & State Sorrento FL		City & State Sorrento FL			
Zip 32776	Country LAKE	Zip 32776	Country LAKE	4. FEI Number 26-1251162	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AGUADO, MAYOLO 25544 CRESTON AVE SORRENTO, FL 32776			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>Mayolo Aguado</u> 8/18/08 (MAY) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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 AGUADO, MAYOLO 25544 CRESTON AVE SORRENTO, FL 32776		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138239840 11/24/08--01062--013 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138239840 11/24/08--01062--014 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2008		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 if 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: <u>Mayolo Aguado</u>			11/18/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Enclosed find ck # 164 @ \$300.00
11-3 @ 300.00