

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 APR 20 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000125925

1. Corporation Name

PRECISION CUTS LAWN CARE, INC.  
AND MAINTENANCE SERVICES INC.

2. Principal Office Address - No P.O. Box #  
1529 NW 3<sup>rd</sup> WAY

3. Mailing Office Address  
1529 NW 3<sup>rd</sup> WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

900176532309  
04/20/10--01016--024 \*\*450.00  
REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida NOVEMBER 26, 2007

5. FEI Number

26-1600526

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

ANTHONY ROGERS

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

1529 NW 3<sup>rd</sup> WAY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

☒ 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

*Anthony Rogers*  
REGISTERED AGENT MUST SIGN

Date 4-10-2010

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	ANTHONY ROGERS	1529 NW 3 <sup>rd</sup> WAY	POMPANO BEACH, FL 33060

10. E-mail Address: ampid23@gmail.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:

*Anthony Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-2010

Daytime Phone #