

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000087686

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** SAY CL LAWN SERVICES INC

**Current Principal Place of Business:**

2778 SE NORMAN ST  
STUART, FL 34997

**New Principal Place of Business:**

2768 SE NORMAN ST  
STUART, FL 34997

**Current Mailing Address:**

2778 SE NORMAN ST  
STUART, FL 34997

**New Mailing Address:**

2768 SE NORMAN ST  
STUART, FL 34997

**FEI Number:** 27-1193626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAY, JEREMIAS  
2778 SE NORMAN ST  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

SAY, JEREMIAS  
2768 SE NORMAN ST  
STUART, FL 34997 US

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.

**SIGNATURE:** JEREMIAS SAY

10/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SAY, JEREMIAS  
**Address:** 2768 SE NORMAN ST  
**City-St-Zip:** STUART, FL 34997

**Title:** VP  
**Name:** SAY, JOEL  
**Address:** 2768 SE NORMAN ST  
**City-St-Zip:** STUART, FL 34997

**Title:** T  
**Name:** CUA, JUAN  
**Address:** 2768 SE NORMAN ST  
**City-St-Zip:** STUART, FL 34997

**Title:** SEC  
**Name:** LOPEZ, ABNER  
**Address:** 2768 SE NORMAN ST  
**City-St-Zip:** STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JEREMIAS SAY

P

10/15/2010

Electronic Signature of Signing Officer or Director

Date