Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CRUE CUT LAWN MAINTENANCE & LANDSCAPING, INC

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (6/10)

DOCUMENT # P09000101580

1. Corporation Name
CRUE CUT LAWN MAINTENANCE & LANDSCAPING, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
80 UTAH PLACE	80 UTAH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST, FL	City & State: PALM COAST, FL
Zip: 32164 Country:	Zip: 32164 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/2009

5. FEI Number: 271540896 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Cornelia L. Rudloff Date: 10-22-10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Joe Cipolla	80 Utah Place	Palm Coast, FL 32164
D	Georgie Cipolla	80 Utah Place	Palm Coast, FL 32164

REINSTATEMENT

10. E-mail Address: cruecut@cfl.rr.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: Georgie Cipolla Georgie Cipolla 386.437.7053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RH