

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

Electronic Filing Menu

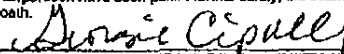
Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 10 OCT 22 PM 2:56

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09000101580					
1. Corporation Name CRUE CUT LAWN MAINTENANCE & LANDSCAPING, INC					
2. Principal Office Address - No P.O. Box # 80 UTAH PLACE			3. Mailing Office Address 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 ☐				\$4.75 Additional Fee Required Prior to 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 617.0503, F.S.					
Signature of Registered Agent				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)					
Titles	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		386.437.7053	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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