

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -5 PM 3:26

DOCUMENT # **P92000004166**

1. Corporation Name

TRUE-CUT LAWN & ORNAMENTAL MAINTENANCE, INC.

Principal Place of Business

Mailing Address

8978 HELENE WAY
BROOKSVILLE FL 34613
US

8978 HELENE WAY
BROOKSVILLE FL 34613
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



6/11/03 90059 020 #150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1992

5. FEI Number

59-3148986

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LEACH, CRAIG T	8978 HELENE WAY	BROOKSVILLE FL 34613

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEACH, CRAIG
8978 HELENE WAY
BROOKSVILLE FL 34613

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/2/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03

Daytime Phone #

CR2E040 (7/03)

Untitled

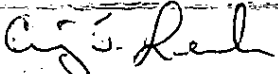
12-2-03

To Whom it may concern:

My original UBR and \$150.00 fee was mailed to you in May 2003. I have received no correspondance from your office until I received my dissolution notice. Please reinstate my company. If a late fee is due, please notify me and I will pay as soon as possible.

Thank you for your help in this matter.

Sincerely,



Craig T. Leach

owner

True-Cut Lawn Maintenance Inc.