PI F	EASE READ A	MI INSTI	BUCTIONS	BEFORE C	OMPLETI	NG THIS FO	ORM		
			DA DEPARTMENT OF STATE						
+ FOR			andra B. Mort Secretary of S			FILED			
REINSTATEME	NT CAR		ISION OF CORPOR		Q Q	7 APR 30 P	M 10:15		
DOCUMENT # P93000077410					OFFICE TARY OF STATE				
1. Corporation Name Superior Lawn Service & Maintenance, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address									
			U.S. 27 South ing, F1. 33870						
					REINS	STATEM	$IENT\mathcal{O}$	507	
tf 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						orated or Qualified	- Andrews	<u>k-iiii</u>	
6721 U.S. 2 Sulte, Apt. #, etc.		6721 U.S. 27 South Suite, Apt. #, etc.			To Do Business in Florida				
City & State	City & State			5. FEI Number Applied For 65-0451295 Not Applicable					
Sebring, F1.		Sebrán ^{Zip}	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status				
33870 H1 7. Names and Street Address	ghlands es of Each Officer and/o	33870 or Director (Flori	H1gh. da nonprofit corporat		ast 3 directors)				
Title(s) Name of Officers and/or Directors			Offi	et Address of Each icer and/or Director e Post Office Box N		4	City / State / Zip		
P/S/D Alastair A. Ibrahim 6721 U. S. 27 South						Sebring,	F1. 33870		
T James P. Hurley			3200 U.S.	27 South		Sebring, F	1. 33870		
					91	00002:	16951	93	
			-05/07/9701066008 ***1080.00 ***1080.00					008	
									
			·				N/A		
							U05-	5-47	
8. Name and Address of Current Registered Agent Name Doug 1					9. Name and Address of New Registered Agent				
				Street Address (P	Douglas A. McLean, CPA eet Address (P.O. Box Number is Not Acceptable)				
Sebring, F1. 33870				300 N. Circle Suite, Apt. #, Etc.					
				City Sebri	na		State Zip Coo		
Sebring FL 33870 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.									
Signature of Registered Agent	, }	GISTEMED AGE	NT MUST SIGN			DateMarch :	24 , 1997		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 🗓 No 🗌 (See other side for information on intangible tax.)									
12. 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 filling 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: Alastair A. Ibrahim 03/24/97 941-457-8163 Date Daytime Phone #									