

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 FEB 11 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000017872**

**1. Corporation Name**

South Florida Landscaping and Property Services, Inc.

800012310108  
- 02/11/03--01031--010 \*\*\$00.00

01-02

**2. Principal Office Address**

4611 S. University Dr.

**3. Mailing Office Address**

9720 Pines Blvd.

Suite, Apt. #, etc.

Suite 146

Suite, Apt. #, etc.

City & State

Davie

City & State

Pembroke Pines

Zip

FI

Country

33328

Zip

FI

Country

33024

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/8/1994

**5. FEI Number**

650472121

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

Brian Smith

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

430 NW 87th Rd.

Suite, Apt. #, Etc.

201

City

Plantation

State

FL

Zip Code

33324

**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

*B. Smith*

REGISTERED AGENT MUST SIGN

Date 2/6/03

**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
PST	Brian Smith	430 NW 87th Rd. #201	Plantation, FL 33324

**10. 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:**

*B. Smith*

Brian Smith

2/6/03

954-236-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)