PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000011373 **DOCUMENT #**

1. Corporation Name

Caribbean Lawn & Garden, Inc.

Principal Place of Business

Malling Address



FIL. ED

| | | | | 3801 21ST AVENUE S.W. NAPLES FL 34117 | | | | | | |
|---|--|--------------------------------|--|--|---------------------------|--|--|---------------------------------|---------------------------------------|--|
| If above a | iddresses are | Incorrect In any way, line th | rough incorrect i | nformation a | nd entor c | orrection below. | NSTA | TEMENT | 11/10/ | |
| New Principal Office Address, If Applicable 3. New Ma | | | | ing Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida 02/08/1995 | | | |
| Sulte, Apt. #, etc. Sulte, Apt | | | | #, etc. | | | 5. FEI Numbe | | | |
| City & State City | | | | ly & State | | | | 65-0534914 Not Applicable | | |
| Zlp Country | | Zip Count | | Country | | \$6.75 Additional Fee requir | | | | |
| 7. Names | and Street Ad | | NAPLES FL 34117 Intentification and enter correction below. | | | | | | | |
| Title(s) | Title(s) Name of Officers and/or Directors | | | Officer and/or Director | | | | | | |
| P | PEREZ, JULIO E JR. | | | 1 | | | 10111013) | | | |
| Р | PEREZ, LORI L | | | 3801 21ST AVENUE S.W. | | | | NAPLES FL 34117 | | |
| ; | | | | | | | | | | |
| | | | | 8000023 -10/31/ *****75 | | | | 000023: -10/31/9 ****750; | 351788 701068006 .00 ****750.00 | |
| | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | | | | |
| MATHURIN, TODD S 3801 21ST AVENUE S.W. | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| NAPLES | | | Sulte, Apt. #, Etc. | | | | ······································ | | | |
| | | | | | | | | | | |
| 10. I, being | appointed the | e registered agent of the ab | ove named corpo | oration, am fa | amiliar wit | h and accept the ol | oligations of Sec | tion 607.0505, F.S. | | |
| Signature o Registered | Agent Od | ld Marmin | REGISTERED AC | SENT MUST | SIGN | | | Date D | 124/D | |
| | | | | | No 🗆 | | | | | |
| this rein | statement appropriate | plication, the reason for diss | solution has been names of individ | i eliminated, i Juais listed oi | the corpor n this form | rate name satisfies in do not qualify for | the requirements an exemption ur | s of section 607.0401 or | 617.0401, F.S., that all fees | |