

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -1 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053868

1. Corporation Name

Coastal Lawn Maintenance & Landscaping, Inc.

594 SE Monterey Rd.

2. Principal Office Address

594 SE Monterey Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34994

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 1995**

5. FEI Number

59-3328381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600038529716
07/01/04--01015--013 **1950.00

7. Name and Address of Current Registered Agent

Name

James A. Groves

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

594 SE Monterey Rd.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

James A. Groves

REGISTERED AGENT MUST SIGN

Date

6/25/04

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
PN/ST	James A. Groves	594 SE Monterey Rd.	Stuart, FL 34994

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:

James A. Groves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04

Date

772 283 3650

Daytime Phone #

CR2E081 (01/04)