

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000074746

1. Corporation Name

**Cherry Lawn Maintenance, Inc.**

2. Principal Office Address - No P.O. Box #  
**17225 130 Ave N**

Suite, Apt. #, etc.

City & State  
**Jupiter, FL**

Zip  
**33478**

Country  
**USA**

3. Mailing Office Address  
**P O Box 551653**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

Zip  
**33355**

Country  
**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida **9/27/1995**

5. FEI Number  
**650608712**

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  
**Keith Russell**

Street Address (P.O. Box Number is Not Acceptable)  
**17225 130 Ave N**

Suite, Apt. #, Etc.

City  
**Jupiter, FL**

State Zip Code  
**FL 33478**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date **1/19/07**

REGISTERED AGENT MUST SIGN

**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
P	Keith Russell	17225 130 Ave N	Jupiter, FL 33478
VP	Sonia Russell	17225 130 Ave N	Jupiter, FL 33478

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 contained in Chapter 119, 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

**1/19/07**  
Date

954 680-7590  
Daytime Phone #

B. Mitchell JAN 31 2007

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CHERRY LAWN MAINTENANCE, INC.  
P O BOX 551653  
FT. LAUDERDALE, FL 33355  
954-680-7590

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

January 19, 2007

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement form for  
Cherry Lawn Maintenance, Inc and check in the amount of  
\$458.75.

I am requesting that the reinstatement fee be waived because  
the annual report notice was not received.

Respectfully,



Keith Russell  
Cherry Lawn Maintenance, Inc.