

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 AUG 10 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076648

1. Corporation Name

LUCKY TOUCH LANDSCAPING, INC.

2. Principal Office Address

751 NW 175 AVE.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

Zip 33029

Country U.S.A.

3. Mailing Office Address

751 NW 175 AVE.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

Zip 33029

Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/6/95

5. FEI Number

65-0612072

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

JAMES PEREZ

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

751 NW 175 AVE.

Suite, Apt. #, Etc.

City

Pembroke Pines

State  
FL

Zip Code

33029

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 Perez*

REGISTERED AGENT MUST SIGN

Date

7/10/00

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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
PSTD	JAMES PEREZ	751 NW 175 AVE.	Pembroke Pines, FL. 33029

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 Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/00

Daytime Phone #

(954) 443-4993

CP2E081 (9/99)