APPROVED
AND
FILED

01 OCT -9 AM 11: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P95000097929

**1.** Corporation Name

Charle's Lawn Service Inc.

**2.** Principal Office Address
209 Essex Drive

Suite, Apt. #, etc.

City & State
Fort Pierce, Florida

Zip 34946   Country St. Lucie

**3.** Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

**4.** Date Incorporated or Qualified To Do Business in Florida   01-96

**5.** FEI Number   650-61-0863   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
David Hadden

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

Suite, Apt. #, Etc.

City   Fort Pierce   State FL   Zip Code 34946

**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 _____
REGISTERED AGENT MUST SIGN

Date 10-09-01

CR2E081 (9/00)

**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 |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| D | Marlene Hadden | 204 Essex Dr. | Ft. Pierce, Fl 34946 |
| D | David Hadden | 204 Essex Dr | Ft. Pierce, Fl 34946 |
| D | Willie Hadden | 2306 N. 43rd St | Ft. Pierce, Fl 34946 |
| | | | E 000004628296--2 |
| | | | -10/09/01--01024--001 |
| | | | ***1050.00  ***1050.00 |
| | | | |
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**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: _____   10-09-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #