

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 25 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071764

1. Corporation Name

BURT'S LAWN MAINTENANCE, INC.

Principal Place of Business

8 W. OKOMO DRIVE
HOLLYWOOD FL 33021

Mailing Address

8 W. OKOMO DRIVE
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1997

5. FEI Number

65-0786556

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BOLDUC, BERTRAND	8 W. OKOMO DRIVE	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLDUC, BERTRAND
8 W. OKOMO DRIVE
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bertrand Bolduc
REGISTERED AGENT MUST SIGN

Date 10-14-99

11. 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:

Bertrand Bolduc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

[Signature]
Typed Name of Officer or Director

Accurate Accounting & Tax Prep, Inc.

3335 N. University Dr, #2
Hollywood, FL 33024
(954) 443-4180
FAX: 443-4945

Pamela J. Burns
Enrolled Agent/Accountant



October 18, 1999

Florida Dept of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

Re: Burt's Lawn Maintenance
#P97000071764

To Whom It May Concern:

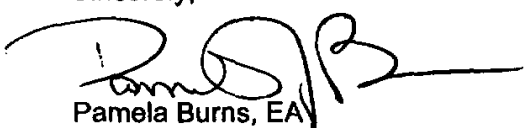
Enclosed, please find the "Application for Reinstatement" for the above reference corporation.

Originally, this was filed timely, however, my client forgot to sign the return. When he received the form back, he signed it and returned it to you. Apparently, you never received it so it must have got lost in the mail.

We called your office and were advised to just submit this application. Please note that you do have receipt of the \$150 payment that was paid with the original return, back in April 1999.

Thank you for your attention to this matter.

Sincerely,



Pamela Burns, EA
Enrolled Agent

Cc: Burt's Lawn Maintenance