

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 26 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

997000073899

1. Corporation Name

Maydays Lawn Service

REINSTATEMENT 00-04

2. Principal Office Address

164 Ponce De Leon St

Suite, Apt. #, etc.

3. Mailing Office Address

164 Ponce De Leon St

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

Zip

33411

Country

U.S.A

City & State

Royal Palm Beach FL

Zip

33411

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

8-25-97

5. FEI Number

65-0779645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PEDRO LACHAPEL

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

164 Ponce De Leon St

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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 X

Date

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
President	PEDRO LACHAPEL	164 Ponce De Leon St	Royal Palm Beach FL 33411

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-12-04 501-791-9800

Daytime Phone #

CR2E081 (10/02)