

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000081846

1. Corporation Name

Lawn care by Adolfo, Inc.

2. Principal Office Address

8303 N.W. 57 Place

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 25442

Suite, Apt. #, etc.

City & State

Tamarae, Fl.

Zip

33321

Country

U.S.A.

City & State

Tamarae, Fl.

Zip

33320

Country

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9-97

5. FEI Number

65-0780737

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

Adolfo Ocasio

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

8303 N.W. 57 Place

Suite, Apt. #, Etc.

City

Tamarae

State

FL

Zip Code

33321

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

Adolfo Ocasio

Date 1-16-06

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
S	Carmen Ocasio	8303 N.W. 57 Place	Tamarae, Fl. 33321
P	Adolfo Ocasio	"	"

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:

Carmen Ocasio
Carmen Ocasio
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-06 954.724.4385

Daytime Phone #