

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000085740

1. Corporation Name

LUSTER LAWN MAINTENANCE OF NAPLES, INC.

Principal Place of Business

Mailing Address

2125 - 41ST ST. S.W.
NAPLES FL 34116

2125 - 41ST ST. S.W.
NAPLES FL 34116

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1997

5. FEI Number

65-0789032

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ARREGUIN, JUAN C	2125 41ST ST SW	NAPLES FL 34116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUSTER, CATHY L
380 - 13TH ST. N.W.
NAPLES FL 34120

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Precise Bookkeeping & Business Service Inc.

360 13th St. NW
Naples, Florida 34120

Phone 941-353-8788 38
Fax 941-353-4827

October 22, 2001

Divisions Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

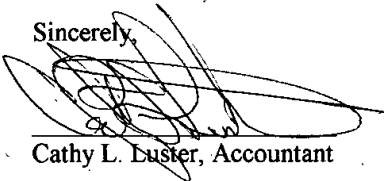
Re: 65-0789032

To Whom This May Concern:

Enclosed please find a copy of the check that was mailed to you on April 8, 2001 for the corporation annual fee. This check was cashed by your office and cleared our bank on April 16, 2001 for the annual fee for corporations. I have recently received a notice of dissolution or revocation, which is incorrect.

Please correct your records and send my office a copy of the correction. If you have any questions you can reach me at (941) 353-8738. My fax is (941) 353-4827.

Sincerely,


Cathy L. Duster, Accountant

Enclosure