

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Landscape Lawn Service, Inc

200006444172--6
-07/16/02--01034--019
***1350.00 ***1350.00

2. Principal Office Address

123 No. Congress Ave

Suite, Apt. #, etc.

362

3. Mailing Office Address

Same

City & State

Boynton Beach, FL

Zip

33426

Country

US

City & State

Zip

Country

REINSTATEMENT 98-02

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-97

5. FEI Number

65-0858739

☒ 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

Eileen H. Morello

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

123 No. Congress Ave

Suite, Apt. #, Etc.

362

City

BOYNTON BEACH

State

FL

Zip Code

33426

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

Eileen H. Morello

Date 7-11-02

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
Pres	Eileen H. Morello	11740 St. Andrew Pl. 205 Wellington, FL	33414

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:

Eileen H. Morello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-11-02

Daytime Phone #

561-441-1471

CR2001 (9/01)

7/12/02