

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012450

1. Corporation Name

4-STAR LAWN SERVICE, INC

2. Principal Office Address - No P.O. Box #

18354 OSTEKO DR

Suite, Apt. #, etc

3. Mailing Office Address

18354 OSTEKO DR

Suite, Apt. #, etc

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33967

Country

USA

Zip

33967

Country

USA

09/25/09 - 01640-002 \$150.00

000162844240

11/16/09--01030--004 **150.00

CR2E081 (11/09)

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida 2/06/1998

5. FEI Number
65-0815095

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

JOSE M. SILVA

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

18354 OSTEKO DRIVE

Suite, Apt. #, Etc

City

FORT MYERS

State

FL

Zip Code

33967

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jose M Silva

REGISTERED AGENT MUST SIGN

Date 11-13-09

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
P	Luis M Silva	18354 Ostego Drive	Fort Myers, FL 33967
vp	Jose M. Silva	18354 Ostego Drive	Fort Myers, FL 33967
	<i>[Signature]</i>		

10. E-mail Address: 4starlawnservice.com

(To be used for future annual report notification)

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. I further certify, 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:

Jose M Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-09

Daytime Phone #