

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 16 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012450

1. Corporation Name
4-STAR LAWN SERVICE, INC

2. Principal Office Address - No P.O. Box # 18354 OSTEGO DR		3. Mailing Office Address 18354 OSTEGO DR	
Suite, Apt. #, etc		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 <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 OSTEGO DRIVE

Suite, Apt. #, Etc

City FORT MYERS	State FL	Zip Code 33967
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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* Date 11-13-09

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
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* Date 11-13-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #