

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 24 AM 10:11

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

200170455252
02/24/10--01037--012 **450.00

CR2E081 (11/09)

DOCUMENT # P98000032083

1. Corporation Name

Two Mowsketeers Landscaping Services, INC

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

10721 SW 102 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

10721 SW 102 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/08/98

5. FEI Number

650828227

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

Abdel Blanco

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

10721 SW 102 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 02/22/10

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	Abdel Blanco	10721 SW 102 Ave	Miami, FL 33176

M. MILLIGAN
EXAMINER

FEB 25 2010

10. E-mail Address: abdelblanco@aol.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:

[Handwritten Signature]

Abdel Blanco

02/22/10

786-213-4959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #