

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA800009530E**

1. Corporation Name

Riccy's Landscape Services Inc

800004275688--4
-05/22/01--01028--017
*****8.75 *****8.75

2. Principal Office Address

2414 commerce drive
Suite, Apt. #, etc.

3. Mailing Office Address:

2414 Greenham drive
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32807

Country

Zip

32807

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-5-98

5. FEI Number

65-0962559

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

Onelia Carabeo

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

2414 Greenham Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

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**

Onelia Carabeo

Date

3/31/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PT	Onelia Carabeo	2414 Greenham Drive	Orlando FL 32807
FP	Ricci Carabeo	2414 Greenham Drive	Orlando FL 32807
S	Kellie Carabeo	2414 Greenham Drive	Orlando FL 32807

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Onelia Carabeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/01 (407)671-1219
Daytime Phone #

CR2E081 (9/00)