

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JAN 29 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **98000093058**

1. Corporation Name

**JARREL COMMERCIAL LAWN MAINTENANCE  
INC.**

**200088063642**  
02/13/07--01009--006 \*\*1200.00

2. Principal Office Address

**21928 HOLLYTREE WAY**

Suite, Apt. #, etc.

3. Mailing Office Address

**21928 HOLLYTREE WAY**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL.**

City & State

**BOCA RATON, FL.**

Zip

**33428**

Country

Zip

**33428**

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/3/98**

5. FEI Number

**650873115**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**LANCE CARTER**

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

**21928 HOLLYTREE WAY**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33428**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/26/06**

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
<b>P</b>	<b>LANCE CARTER</b>	<b>21928 HOLLYTREE WAY</b>	<b>BOCA RATON, FL. 33428</b>
<b>O</b>	<b>LANCE CARTER</b>	<b>21928 HOLLYTREE WAY</b>	<b>BOCA RATON, FL. 33428</b>

**REINSTATEMENT 04-07**

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**12/26/06 (954) 444-8575**

Date

Daytime Phone #

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Phone:  
FAX:  
email:

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Tuesday, December 26, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Division of Corporations,

I am asking to have Jarriel Commercial Lawn Maintenance Inc. Reinstated. I was unaware that the corporation has been inactive since 2000, as the mailing address listed is incorrect. I am enclosing a check for \$1,000.00 for the past 6 years owed. Please waive the reinstatement fee of \$600.00 since I have not received notice.

Respectfully,

Lance Carter

Michael P. Gale / attorney at law

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January 15, 2007

2655 LeJeune Road, PH1D  
Coral Gables, Florida 33134  
Telephone (305) 448-2525  
(305) 445-6202  
Fax: (305) 448-5665  
e-mail: mgale@gatelawoffices.com

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

**Re: Lance Carter, Registered Agent  
Jarriel Commercial Lawn Maintenance Inc.**

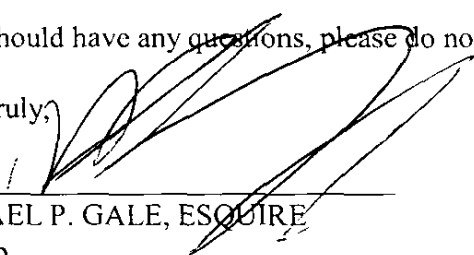
Dear Sirs:

We represent Mr. Lance Carter.

Enclosed you will find correspondence from Mr. Carter , a completed Corporation Reinstatement Form and a check made payable to the Department of State in the amount of \$1,000 for reinstatement of his company.

If you should have any questions, please do not hesitate to contact my office.

Yours truly,



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MICHAEL P. GALE, ESQUIRE  
MPG/cp  
encs.