

2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|---|---------------------|---------|--|---|----------------------------|--|
| DOCUMENT # P98000108391 1. Entity Name KISSEL LANDSCAPING AND LAWN SERVICE, INC. | | | | | | 06 DEC 12 PM 3:50 FALLA | |
| Principal Place of Business 320 S FLAMINGO RD PEMBROKE PINES, FL 33027 | | | | Mailing Address 320 S FLAMINGO RD PEMBROKE PINES, FL 33027 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 10232006 REINSTATEMENT 2006 No | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 4. FEI Number 65-0898201 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KISSEL, JASON 6061 NW 90 AVENUE TAMARAC, FL 33321 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(h), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PVPS | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KISSEL, JASON <input type="checkbox"/> Delete | | | NAME | 400082458354 12/12/06--01013--007 **150.00 | | |
| STREET ADDRESS | 6016 NW 90 AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | | CITY-ST-ZIP | | | |
| TITLE | TD <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KISSEL, JASON | | | NAME | | | |
| STREET ADDRESS | 6016 NW 90 AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
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| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 11-15-06 <small>Date</small> | | | |