

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022319

1. Corporation Name

The Original Cutting Edge Lawn Care, Inc.

5014 Panorama Avenue

2. Principal Office Address

5014 Panorama Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Holiday, FL 34690

City & State

Zip

34690

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 3/10/99

5. FEI Number

59-3562950

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

Mark Vaillancourt

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

5014 Panorama Avenue

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

700042068207
10/21/04--01047--002 **1350.00

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

Mark Vaillancourt

REGISTERED AGENT MUST SIGN

Date

10/19/04

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,S,T	Mark Vaillancourt	5014 Panorama Avenue	Holiday, FL 34690

REINSTATEMENT

00-04

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 under section 119.07(3)(i), 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:

Mark Vaillancourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/04

Date

(727) 946-8669

Daytime Phone #

CR2E081 (01/04)