

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P99000043117**

1. Corporation Name

**FRENCH CUT LANDSCAPING INC.**

2. Principal Office Address

**1335 NEISS STREET**

Suite, Apt. #, etc.

City & State

**NORTH MIAMI BEACH FL**

Zip

Country

**33162 USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MAY 10 1999**

5. FEI Number **65-0932851**  
**P99000043117**

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

**ALAN SAKOWITZ**

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

**1111 KANE CONCOURSE**

Suite, Apt. #, Etc.

**STA 401**

City

**BAY HARBOR ISLAND**

State  
**FL**

Zip Code

**33154**

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

**1/31/01**

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	DANIEL MARTIN	1335 NE 155 STREET	NORTH MIAMI BEACH FL 33162
			KE

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL MARTIN**

01/05/01

Date

**305 525 5395**

**305 928 4148**

Daytime Phone #

CR2E081 (9/00)