

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 4:31

DOCUMENT # *K37219*

1. Corporation Name

PERFECT CUT LAWN SERVICE, INC.

2. Principal Office Address

59 BROADLEAF DRIVE

Suite, Apt. #, etc.

City & State

NEWARK, DE.

Zip

19702

Country

USA

3. Mailing Office Address

59 BROADLEAF DRIVE

Suite, Apt. #, etc.

City & State

NEWARK, DE.

Zip

19702

Country

USA

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0225399

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

PETER D. WEINSTEIN, ATTORNEY

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

5400 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE 301

City

DAVIE

State

FL

Zip Code

33328

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

REGISTERED AGENT MUST SIGN

Date *APRIL 29, 2003*

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
PSD	WILLIAM MUNZING	59 BROADLEAF DR.	NEWARK, DE 19702

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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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2003

Date

Daytime Phone #

5/14/03