

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -3 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G20080

1. Corporation Name

EMERALD ISLES LAWN SERVICE, INC.

Principal Place of Business

2783 STEEPLE COURT
PALM HARBOR FL 34684

Mailing Address

2783 STEEPLE COURT
PALM HARBOR FL 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1983

5. FEI Number

59-2318888

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	OLSEN, WILLIAM	2783 STEEPLE CT	PALM HARBOR FL 34684

400004730014--6
-12/18/01--01025--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

OLSEN, WILLIAM
2783 STEEPLE CT
PALM HARBOR FL 33563

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William Olsen

REGISTERED AGENT MUST SIGN

Date

11/25/01

11. 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:

William Olsen

William Olsen

Date

11/25/01

Daytime Phone #

282

10/15/01

Gentlemen:

I mailed the report
in after I received
a second notice.

I never received the 2
1st notice.

Roberta Olsen
