

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra F. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 97 DEC -1 AM 9:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # H51941**  
 1. Corporation Name  
**ZERGOTT LAWN SERVICE, INC.**

Principal Place of Business      Mailing Address  
**ZERGOTT, BRUCE C.**      **ZERGOTT, BRUCE C.**  
**713 SE 44TH STR**      **713 SE 44TH STR**  
**CAPE CORAL FL 33904**      **CAPE CORAL FL 33904**  
**US**      **US**



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

2. New Principal Office Address, If Applicable      3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip      Country	Zip      Country

4. Date Incorporated or Qualified To Do Business in Florida      **04/12/1985**

5. FEI Number      **59-2581168**      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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ZERGOTT, BRUCE C.	9350 LENNEX LANE #807	FT. MYERS FL
VD	ZERGOTT, WILLIAM R.	29857 LORAIN ROAD	NORTH OLMSTED OH
TDS	ZERGOTT, BARBARA	29857 LORAIN ROAD	NORTH OLMSTED OH
D	GALTER, AL	53 WEST MARIANA AVE	FT. MYERS FL
			1 00002364481 -- 7 -12/05/97--01082--031 ****165.00 ****165.00

8. Name and Address of Current Registered Agent  
**ZERGOTT, BRUCE C.**  
**713 S.E. 44TH STREET**  
**CAPE CORAL FL 33904**

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 Bruce C Zergott      Date 11-15-97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.      Yes  No       (See other side for information on intangible tax.)

12. 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: Bruce C Zergott      11-15-97      9419453724  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2ED40 (9/97)

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Dear Sir

As per my call to your office  
To the best of our belief I didn't  
receive the paper work to file

Bruce Zingott