

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # J 34015

1. Corporation Name

Turfmaster of Southwest Florida Inc

2. Principal Office Address

P.O. Box 1503

3. Mailing Office Address

P.O. Box 1503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

Nokomis FL

Zip

34274

Country

USA

Zip

34274

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2714281

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

Michael Herschberger

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

2600 East Laurel Road

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275

600004769496--7

-01/11/02--01054--008

\*\*\*\*150.00 \*\*\*150.00

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

*Michael Herschberger*

REGISTERED AGENT MUST SIGN

Date 12-30-01

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.	MICHAEL HERSCHBERGER	2600 East Laurel Road	Nokomis - FL 34275

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:

*Michael Herschberger*

MICHAEL  
HERSCHBERGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-01

Date

941-485-9650

Daytime Phone #

CR2E081 (8/01)



A COMMERCIAL LANDSCAPE MAINTENANCE COMPANY

P.O. Box 1503 • Nokomis, Florida 34274

Phone: (941) 485-9650

12-30-01

To whom it may concern :

Please find enclosed a check & Corporation re-instatement form.

I spoke with someone from your office and explained that I had not received any Paperwork for this year for filing.

I have completed the forms every year in past but haven't gotten anything as of yet.

I was told if I download this form off the internet & enclose check I could get reinstated. I had no idea I was not still a corporation since Sept. 01.

Thanking you in advance for your help!

Sincerely

Michael Hrabovszky President

\* Happy New Year