

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Matthew Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K95668

1. Corporation Name

MASTERPIECE LAWN CREATIONS, INC.

Principal Place of Business

Mailing Address

~~327 SR 13~~ 365 N HANT Rd
GENEVA FL 32732

~~327 SR 13~~ PO Box 1044
GENEVA FL 32732

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1989

Suite, Apt. #, etc.

PO Box 1044 365 N HANT Rd

Suite, Apt. #, etc.

PO Box 1044

City & State

Geneva Fl

City & State

GENEVA FL

Zip

32732

Country

Seminole

Zip

32732

Country

Seminole

5. FEI Number

59-2952864

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
D	JACOBS, JR. JAMES R.	P.O. BOX 886 1761 OLD 100 ROAD	GENEVA FL
D	JACOBS, LINDA	327 SR 13 365 N HANT Rd PO Box 1044	GENEVA FL
D	JACOBS, JAMIE	327 SR 13 365 N HANT Rd PO Box 1044	GENEVA FL
			9000004703759--4 -12/04/01--01034--012 ***150.00 ***150.00 LLS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, JAMES R.
327 SR 13
GENEVA FL 32732

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

REGISTERED AGENT MUST SIGN

Date 10-30-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES R JACOBS

407-466-8155

10-30-01

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1062

CR2E040 (8/01)

2012

Masterpiece Lawn Creations

P.O.Box 1044
Geneva, Florida 32732

November 1, 2001

In reply to: Application for Reinstatement

Department of State Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Subject: Corporation Dues, Document # K95668


This letter is to inform your office that i did not recieve my paper work for my due information for my 2001 annnal report. My mailing address have changed but my mail should have been forward to my p.o. box. I do not understand why it was not forwarded. Please verify my address as well as my officers addresses with your records, and make any necessary address corrections to your records.

James R. Jacobs JR. P.O. Box 886 1761 Old 100 Road, Geneva Florida 32732

Linda Jacobs P.O. Box 1044 Geneva Florida 32732

Jamie Jacobs P.O. Box 1044 Geneva Florida 32732

I have also enclosed payment for my 20001 yearly dues.


James R. Jacobs (OWNER)

Masterpiece Lawn Creations, Inc.