

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07886

1. Corporation Name

SCOTTY'S LAWN CARE, INC.

REINSTATEMENT 02-09

2. Principal Office Address

22061 WEST TREE DRIVE

Suite, Apt. #, etc.

City & State

ESTERO, FLORIDA

Zip

33928

Country

LEE

3. Mailing Office Address

22061 WEST TREE DRIVE

Suite, Apt. #, etc.

City & State

ESTERO, FLORIDA

Zip

33928

Country

LEE

4. Date Incorporated or Qualified

To Do Business in Florida 08/07/89

5. FEI Number

65-0605503

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

SCOTT E. LIEB

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

22061 WEST TREE DRIVE

Suite, Apt. #, Etc.

City

ESTERO

State

FL

Zip Code

33928

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

Scott Lieb

Date 1/20/04

REGISTERED AGENT MUST SIGN

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
D/P	SCOTT E. LIEB	22061 WEST TREE DRIVE	ESTERO, FLORIDA 33928

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: ☒

Scott Lieb SCOTT LIEB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/04

Date

(239) 273-6293

Daytime Phone #

CR2E081 (01/04)