

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

00 JUN 28 AM 9:20

DOCUMENT # L87027

**1. Corporation Name**

ELLIS Lawn, Inc.

**2. Principal Office Address**

6080-14<sup>th</sup> Ave SW  
Suite, Apt. #, etc.

**City & State**

Naples FL

**Zip**

34116

**Country**

Collier

**3. Mailing Office Address**

Same  
Suite, Apt. #, etc.

**City & State**

Same

**Zip**

Same

**Country**

Same

REINSTATEMENT

93-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/91

**5. FEI Number**

065-0218483

**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**

Mary Ellis

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

6080-14<sup>th</sup> Ave SW

**Suite, Apt. #, Etc.**

**City**

Naples

**State**

FL

**Zip Code**

34116

**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**

Mary Ellis

REGISTERED AGENT MUST SIGN

Date 5-9-2000

**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	Mary Ellis	6080-14 <sup>th</sup> Ave SW	Naples, FL 34116
V. Pres	John Ellis	6080-14 <sup>th</sup> Ave SW	Naples, FL 34116
Sec	Sherman Ellis	6080-14 <sup>th</sup> Ave SW	Naples, FL 34116
Treas.	Trina Ellis	6080-14 <sup>th</sup> Ave SW	Naples, FL 34116

**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 where 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 debts 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:**

Mary Ellis

Mary Ellis

5-9-2000

Date

941-353-0732

Daytime Phone #