

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000015323

1. Corporation Name

CHEM PRO ENVIRONMENTAL LAWN SERVICES, INC.

Principal Place of Business

POST OFFICE BOX 11277  
PENSACOLA FL 32524-1277

Mailing Address

POST OFFICE BOX 11277  
PENSACOLA FL 32524-1277

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/2000

5. FEI Number

59 362 1203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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	WEST, RENE L	1436 EAST OLIVE ROAD	PENSACOLA FL 32524
D	PARSLEY, SHANNON	4340 BEAU TERRA LANE	PENSACOLA FL 32524
D	CLARK, MICHAEL	132 WILDFLOWER LANE	PENSACOLA FL 32514

8. Name and Address of Current Registered Agent

CLARK, MICHAEL  
132 WEST WILDFLOWER LANE  
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name

SHANNON PARSELEY

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

4340 BEAU TERRA LN

Suite, Apt. #, Etc.

FL PENSACOLA

State

FL

Zip Code

32524

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

10/11/01

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

SHANNON PARSELEY

Date

10/11/01 850 478-2312

Daytime Phone #

CR2E040 (8/01)