

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000035904**

1. Corporation Name

TINNING LANDSCAPING AND LAWN MANAGEMENT, INC.

Principal Place of Business

1921 DEWEY PLACE
JACKSONVILLE FL 32207

Mailing Address

1921 DEWEY PLACE
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

10133 HOOD RD

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32257

3. New Mailing Office Address, If Applicable

P.O. Box 23784

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32241

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2000

5. FEI Number

59-3642702

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TINNING, DOUG	P. O. BOX 23784	JACKSONVILLE FL 32241

100004743521--8

-12/31/01--01008--008

******750.00 ****750.00**

8. Name and Address of Current Registered Agent

BLACKBURN, BRYAN E ESQ.
1921 DEWEY PLACE
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-14-01

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-01

Daytime Phone #

904-608 8087

CR25040 (8/01)