

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**

01-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 22 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000080472

1. Corporation Name

A.S.L Landscaping

2. Principal Office Address

11323 Phillips Pkwy Dr. E.

Suite, Apt. #, etc.

#4

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

11323 Phillips Pkwy Dr. E.

Suite, Apt. #, etc.

#4

City & State

Jacksonville, FL

Zip

32256

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-21-2000

5. FEI Number

59-3675243

☒ 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

Clinton McQuarry

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

5377 River Forest Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

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

Clinton McQuarry

Date

5/21/03

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 |
|--------|--------------------------------------|---|------------------------|
| P | Clinton McQuarry | 5377 River Forest Dr. | Jacksonville, FL 32211 |
| | | | |
| | | | |
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| | | | |
| | | | |
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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:

Clinton McQuarry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/03

Daytime Phone #

904 7451582

CR2E081 (10/02)

5/21/03



11323 Philips Parkway Drive East
Jacksonville, Florida 32256
Phone: 904.880.0102
Fax: 904.880.8899

02/21/2003

To Whom It May Concern:

We were recently informed from our new accountant that our business was not currently listed as being Incorporated. We relocated our office and did not receive a letter for reinstatement. We were not aware that you have to pay a fee each year to stay current. We ask that you please waive our late fees. Enclosed you will find our application for reinstatement as well as our check for \$450.00 which should cover 2002 as well as 2003. We apologize for any inconvenience this may cause. Please feel free to contact our office with any questions or concerns regarding our application. Thank you for your time.

A handwritten signature in black ink, appearing to read "clint", followed by a long horizontal flourish.

Clint McQuarry, President/Owner