

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR -2 PM 4:02

DOCUMENT # P00000093983

1. Corporation Name

HOCK'S Lawn Service Inc.

700092061147
03/12/07--01002--019 **1500.00

REINSTATEMENT

02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1434 Malverne Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1434 Malverne Ave

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32211

Country

USA

City & State

Jacksonville FL

Zip

32211

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2000

5. FEI Number

593676031

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

John L. Hock

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

1434 Malverne Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

John L. Hock Jr.

REGISTERED AGENT MUST SIGN

Date 2/27/07

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 | John L. Hock | 1434 Malverne Ave | Jacksonville, FL 32211 |
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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 contained in Chapter 119, 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:

John L. Hock Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

904-805-9287

Daytime Phone #