

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

122

FILED

04 JAN 13 PM 11:23

CLERK OF STATE
TALLAHASSEE, FLORIDA

100026871181

01/13/04--01083--003 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000004470

1. Corporation Name

ALEXANDER'S LAWNS, TREE SERVICE &
LANDSCAPING INC

2. Principal Office Address

1452 LEMON ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33756

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3689160

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

JAMES ALEXANDER

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

1452 LEMON ST

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-7-04

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 |
|-------------|--------------------------------------|---|----------------------------|
| <u>P.D.</u> | <u>JAMES ALEXANDER</u> | <u>1452 LEMON ST</u> | <u>CLEARWATER FL 33756</u> |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727 4431660

Daytime Phone #

CR2E081 (10/02)

202

James Alexander
Alexander's Lawns, Tree Service, & Landscaping Inc.
1452 Lemon St
Clearwater, FL 33756

State of Florida
Division of Corps
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madame:

I have just been made aware that your office dissolved my corporation in 2002. I have moved several times so I was never notified that I had a filing requirement. Please accept the payment as enclosed for the outstanding years. This is the first corporation I have been involved in and did not realize that I had this type of responsibility.

Thank you for your understanding.

Sincerely,

James Alexander
