

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

DOCUMENT # P01000006507

1. Corporation Name

LEONARD'S LAWN SERVICE, INC

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

826 - 16th WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2170 GARY COURT

Suite, Apt. #, etc.

City & State

PALM HARBOR

City & State

PALM HARBOR

Zip

34683

Country

USA

Zip

34683

Country

USA

000137013210

10/17/08--01021--007 ***600.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/2001

5. FEI Number

59-3691169

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

Joe Meloche

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

2170 GARY COURT

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-14-08

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
Pres.	Joe Meloche	2170 GARY COURT	PALM HARBOR, FL 34683

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-08

Date

727-365-6347

Daytime Phone #

2C 10/20