

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN -4 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P010000007466

**1. Corporation Name**

Spectacular View Lawn Maintenance, Inc.

**2. Principal Office Address**

P.O. Box 621125

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, Florida

City & State

Zip

32762-1125

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-18-01

**5. FEI Number**

59-3695900

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

William R. Herrman, Esquire

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

445 Douglas Avenue

Suite, Apt. #, Etc.

1705

City

Altamonte Springs, FL. 32714

State

FL

Zip Code

32714

**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

*William R. Herrman*

Date 4-28-04

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres.  | Joseph R. Gumble                     | 2500 County Road 419                              | Chuluota, FL 32764 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-04

Daytime Phone #

407-947-5028

CR2E081 (10/02)

13 2082

04-28-04

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

---

RE: Reinstatement of Spectacular View Lawn Maintenance, Inc.

Gentlemen:

Please accept this application for reinstatement of Spectacular View Lawn Maintenance, Inc. and abate the penalties for my late filing. I have discussed this issue with a clerk from your office and told her that I have changed my address since the original filing and never received my annual report for 2003 or 2004. I am enclosing a check for \$300.00 for the two years, as suggested by your clerk and hope this is sufficient to reinstate my corporation.

Respectfully Submitted



---

Joseph R. Gumble, President