

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000011344

1. Corporation Name

ACTIVE LAWN CARE & LANDSCAPING, INC.

Principal Place of Business

Mailing Address

PO BOX 585631
ORLANDO FL 32858

PO BOX 585631
ORLANDO FL 32858

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:52

REINSTATEMENT 02-03



600018831016
05/13/03--01023--011 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

5. FEI Number

59-3697382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEW, DAVID E JR	6012 BOLLING DRIVE	ORLANDO FL 32808

8. Name and Address of Current Registered Agent

POOLE, WILLIAM F IV
195 WEKIVA SPRINGS ROAD 204
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name
Deidre M. Blankenship
Street Address (P.O. Box Number is Not Acceptable)
6012 Bolling Dr
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32808

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Deidre M. Blankenship
REGISTERED AGENT MUST SIGN

Date

5-8-03

11. 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 REQUIRED
Deidre M. Blankenship
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-03 407-947-8591

CR2E040 (8/02)