

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000034901**

1. Corporation Name

LAWNCO, INC. OF SOUTH FLA

Principal Place of Business

1544 MARKET CIRCLE
BUILDING 10 - UNIT 6
PORT CHARLOTTE FL 33948

Mailing Address

1544 MARKET CIRCLE
BUILDING 10 - UNIT 6
PORT CHARLOTTE FL 33948

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

2. New Principal Office Address, If Applicable

19800 Veterans Blvd
Suite, Apt. #, etc. **C-9**

3. New Mailing Office Address, If Applicable

19800 Veterans Blvd
Suite, Apt. #, etc. **C-9**

City & State
Port Charlotte FL

Zip **33954** Country **Charlotte**

City & State
Port Charlotte FL

Zip **33954** Country **Charlotte**

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2001

5. FEI Number

65-1094737

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 |
|------------------|---|---|--|
| POE | FOREMAN, MARK | 746 STRASSBURG DRIVE 21498 Sheldon Ave | PORT CHARLOTTE FL 33954 33952 |
| VP ST | Anderson, Kathy | 968 Dobell Terr. | Port Charlotte FL 33948 |
| | | | |
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| | | | |
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7000009007317
11/14/02--01074--014 **750.00

8. Name and Address of Current Registered Agent

MARSHALL, PAUL G
111 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name **Mark L. Foreman**

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

21498 Sheldon Ave

Suite, Apt. #, Etc.

City **Port Charlotte**

State

FL

Zip Code

33952

CR2E040 (R02)

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

REGISTERED AGENT MUST SIGN

Date **11/12/02**

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

Foreman 11/12/02 (941) 766-1422

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #