

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050063

1. Corporation Name

LAWN STYLES, INC.

Principal Place of Business

450 LAKE AVE N
APOPKA FL 32712

Mailing Address

450 LAKE AVE N
APOPKA FL 32712

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2003



300024091509
10/24/03--01060--009 **150.00

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

59-3719996

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BAND, BRENT Dand, Brent	450 LAKE AVE N	APOPKA FL 32712

8. Name and Address of Current Registered Agent

DAND, BRENT
450 LAKE AVE N
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Sharon Diaz
3288 Hillmont Circle
Orlando FL 32817

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

10/20/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-03

407 782 0867

CR2040 (7/03)

282
10-20-03

TO WHOM IT MAY CONCERN
RE: LAWN STYLES INC. P.O. 1000050063

I HAVE RECEIVED THIS NOTICE OF DISSOLUTION
FOR MY COMPANY. THIS IS THE FIRST NOTICE THAT
I HAVE GIVEN. IF I WOULD HAVE RECEIVED ANY NOTICE
EARLIER, I WOULD HAVE TAKEN IT TO MY ACCOUNTANT.

I JUST RECEIVED THIS NOTICE, AND TOOK IT TO MY
ACCOUNTANT. THEN SHE EXPLAINED TO ME HOW THIS WORKS.

COULD YOU PLEASE ACCEPT MY CHECK OF 150.00, AND
PLEASE WAIVE THE PENALTY.

YOUR CONSIDERATION WOULD BE GREATLY APPRECIATED.

Brent M. Duml