

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 OCT 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059795

1. Corporation Name

PARKLAND ESTATES LAWN CARE CORP.

Principal Place of Business

Mailing Address

~~15 SE 2ND AVE.~~
DEERFIELD BCH FL 33441

~~15 SE 2ND AVE.~~
DEERFIELD BCH FL 33441



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

2. New Principal Office Address, If Applicable

453 NW 46th Ave.

Suite, Apt. #, etc.

Deerfield Beach, FL

City & State

33442

Zip

Country

USA

3. New Mailing Office Address, If Applicable

453 NW 46th Ave.
Deerfield Beach, FL

City & State

33442

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2001

5. FEI Number

65-1113278

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	DICKEY, KARLTON E	15 SE 2ND AVE. 453 NW 46 th Ave.	DEERFIELD BCH FL 33441

8. Name and Address of Current Registered Agent

DICKEY, KARLTON E
~~15 SE 2ND AVE.~~
DEERFIELD BCH FL 33441

9. Name and Address of New Registered Agent

Name

Karlton E. Dickey

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

Suite, Apt. #, Etc.

453 NW 46th Avenue

City

Deerfield Beach

State

FL

Zip Code

33442

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

10-28-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 854-481-8820

CR2E040 (8/02)