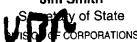
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Jim Smith



P01000059795 DOCUMENT #

1. Corporation Name

PARKLAND ESTATES LAWN CARE CORP.

Principal Place of Business 15 SE 2ND AVE. DEERFIELD BCH FL 33441

Mailing Address

15 SE-2ND AVE.

DEERFIELD BCR FL 33441

FILED

02 OCT 30 AMII: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

/LL::: 1205	ogi a oo	•	3								
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							l				
L New Pri 나도 3		46 # Hve_	New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 06/13/2001) 1	
Suite, Apt.	#, etc.	ach FL	Suite, Apt. #, etc. 453 Nu 467			Ave.	5. FEI Numbe			Applied For	
ity & State	е -		Deerfield Beach FZ			65-1113278 Not Applie			Not Applicable		
_ ≥ .	3442	Country USA	Zip 3344		Country		6. CERTIFICATI	OF STATUS DESIRED [ional Fee required ificate of Status	
Names	and Street Ad	dresses of Each Officer and					ast 3 directors)				
Title(s)	2	Name of Officers and/or Directors	<u> </u>	Street Address of Each Officer and/or Director				City / State / Zin			
D DICKEY, KARLTON E				15 SE 21	ND AVE.	453	Ave_				
-									y ,		
<u></u>	}		<u> </u>			<u></u>					
				,							
	8. Nan	ne and Address of Current	Registered Age	nt			9. Name and	Address of New Regis	stered Agent		
						lame	1- 11		<u> </u>		

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

DICKEY, KARLTON E

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

Suite, Apt. #, Etc.

Huenue Zip Code State

10. 1, 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 Agen

10-28.00

REGISTERED AGENT MUST SIGN

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.