

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 21 PM 4:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095306

1. Corporation Name

A-1 Preferred Lawn Maintenance Inc.

700104671927
06/21/07 --01045--014 **608.75

REINSTATEMENT 09-07

2. Principal Office Address - No P.O. Box #

2419 U.S. HIGHWAY 301 NORTH

3. Mailing Office Address

2419 U.S. HIGHWAY 301 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baldwin, Florida

City & State

Baldwin, Florida

Zip
32234

Country
USA

Zip
32234

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sep 27, 2001

5. FEI Number

593751380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Teresa A. Pringle

Street Address (P.O. Box Number is Not Acceptable)
2419 U.S. Highway 301 North

Suite, Apt. #, Etc.

City
Baldwin

State
FL

Zip Code
32234

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Teresa A. Pringle

REGISTERED AGENT MUST SIGN

Date **June 20, 2007**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	DAVID W. PRINGLE	2419 U.S. HWY 301 NORTH	BALDWIN, FL 32234
VICE PRES	TERESA A. PRINGLE	2419 U.S. HWY 301 NORTH	BALDWIN, FL 32234

10. 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 contained in Chapter 119, 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:

Teresa A. Pringle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 2007

904-266-2419 or

904-699-6676

Date

Daytime Phone #