

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # P02000007475

1. Corporation Name

LAWNCO SERVICES, INC.

REINSTATEMENT 03

2. Principal Office Address

914 NE 17TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 23934

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33305

Country

USA

Zip

33307

Country

USA

100025733341

12/23/03--01051--014 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01-22-02

5. FEI Number

03-0383801

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

DONALD KEITH MILAM

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

914 NE 17TH STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE,

State
FL

Zip Code

33305

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

Donald Keith Milam

REGISTERED AGENT MUST SIGN

Date

11/19/2003

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
PRES.	DONALD KEITH MILAM	914 NE 17TH ST.	FT. LAUDERDALE, FL 33305
V.P.	BRIAN SWINNEY-HALL	914 NE 17TH ST.	FT. LAUDERDALE, FL 33305

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 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:

D. Keith Milam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/03

Daytime Phone #

954-525-5296

CR2E081 (10/02)