

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034113

1. Corporation Name

LAWN RANGERS LAWN CARE, INC.

Principal Place of Business

Mailing Address

6206 GREENLEAF LANE  
TAMPA FL 33617

6206 GREENLEAF LANE  
TAMPA FL 33617

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/2002

5. FEI Number

32-0007510

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
D	MYERS, DUSTIN	6206 GREENLEAF LANE	TAMPA FL 33617
D	MYERS, JAIME	6206 GREENLEAF LANE	TAMPA FL 33617

300023968033  
10/21/03--01058--003 \*\*150.00

8. Name and Address of Current Registered Agent

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BLVD, STE 312B  
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

MARY K BLAZEWICH

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

1105 LAKE SASSA DR

Suite, Apt. #, Etc.

City

THONOTOSASSA

State

FL

Zip Code

33592

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

Mary K Blazewich  
REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Dustin Myers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03 (8B) 967-1002  
Date Daytime Phone #

CR20040 (7/03)

October 16, 2003

Lawn Rangers Lawn Care  
Dustin Myers  
602 Pinewalk Dr.  
Brandon, FL 33510

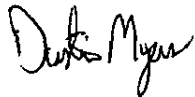
To Whom It May Concern:

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I am writing in response to the notice I just received about dissolution/recocation. Due to a change in location, we never received the uniform business report notices sent to our previous address. We sincerely apologize for the delay and confusion this has caused you.

We are requesting that you waive the reinstatement fee and accept our check for \$150. Once again, we apologize for the delay.

Sincerely,



Dustin Myers, Owner

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