

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000089775

1. Corporation Name

PRECISION LAWN AND LANDSCAPE, INC.

FILED

04 MAY -6 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

2705 INDUSTRIAL PARK DR

3. Mailing Office Address

2705 INDUSTRIAL PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip
33801Country
USZip
33801Country
US4. Date Incorporated or Qualified
To Do Business in Florida

0-19-02

5. FEI Number

20-0030754

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

MARC GILIAM

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

2705 INDUSTRIAL PARK DR

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801

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*Marc Giliam*

Date 4/30/04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, D	MARC GILIAM	2705 INDUSTRIAL PARK DR	LAKELAND, FL 33801

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)(f), 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:

Marc Giliam

MARC GILIAM

4/30/04

863-648-1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #