

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 NOV 13 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000094321**

1. Corporation Name

**BANKHEAD LAWCARE, INC.**

Principal Place of Business

Mailing Address

3035 CYPRESS CREEK DR.  
PONTE VEDRA BEACH FL 32082

3035 CYPRESS CREEK DR.  
PONTE VEDRA BEACH FL 32082



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

08/28/2002

5. FEI Number

54 2071214

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
P	BANKHEAD, BILL G III	3035 CYPRESS CREEK DR	PONTE VEDRA BEACH FL 32082

200024633292  
11/13/03-01025-003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BILL, BANKHEAD G III  
3035 CYPRESS CREEK DR.  
PONTE VEDRA BEACH FL 32082

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/6/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/03  
Date

(904) 434-6454  
Daytime Phone #

CR2E040 (7/03)

Bankhead Lawncare, Inc.  
Owner William Bankhead  
3035 Cypress Creek Drive  
Ponte Vedra, FL 32082

To Whom It May Concern:

I, William Bankhead, received a Certificate of Administrative Dissolution or Revocation of my incorporation status. This is due to the fact that I failed to file a 2003 corporation annual report/uniform business report. In response to this, I affirm that I failed to receive the uniform business report and ask to have the reinstatement fee be waived. I have included a check for \$150.00 and the application for reinstatement.

Thank you,

William Bankhead