

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAR 30 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** B2000121917

**1. Corporation Name**

Professional Turf Landscape  
and Maintenance, Inc.

**2. Principal Office Address**

16326 Gulf Blvd

Suite, Apt. #, etc.

# 203

City & State

Reddington Beach FL

Zip

33708

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-14-2002

**5. FEI Number**

59-3020750

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

Harry J. Michalek

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

16326 Gulf Blvd

Suite, Apt. #, Etc.

# 203

City

Reddington Beach

State  
FL

Zip Code  
33708

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-27-05

**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
P/D	Harry J. Michalek	16326 Gulf Blvd #203	Reddington Beach FL 33708

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-05

Date

813-226-2601

Daytime Phone #

CR2E081 (01/05)