

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 23 PM 4:00

CR2E081 (8/05)

DOCUMENT # P03000019724

1. Corporation Name

ALL Granular Lawn Management INC.

2. Principal Office Address

4249 Balington Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Zip

33594

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-19-03

5. FEI Number

☒ 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

Thomas D. Krone

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

4249 Balington Dr.

Suite, Apt. #, Etc.

400061687084

11/23/05 01001 010 **308.75

City

Valrico

State

FL

Zip Code

33594

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

X Thomas D. Krone

Date

11/22/05

REGISTERED AGENT MUST SIGN

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	Thomas D. Krone	4249 Balington Dr	Valrico, FL 33594

REINSTATEMENT 04/05

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:

X Thomas D. Krone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/05

Daytime Phone #

I Thomas D. Krone did not receive my 2004
Annual Report Notice For ALL Granular Lawn Management,
INC. Document # P03000019724.

x Thomas D. Krone

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TALLAHASSEE, FLORIDA
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