


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000074520	
1. Entity Name JASON ROMERA LAWN CARE, INC.	

Principal Place of Business 23004 BAY CEDAR DR. LAND O' LAKES, FL 34639	Mailing Address 23004 BAY CEDAR DR. LAND O' LAKES, FL 34639
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent LANIGAN, DAVID C 10927 NORTH 56TH ST. TAMPA, FL 33617-3000	7. Name and Address of New Registered Agent Name JASON ROMERA Street Address (P.O. Box Number is Not Acceptable) 23004 BAY CEDAR DR City LAND O LAKES FL Zip Code 34639
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jason Romera (NOTE: Registered Agent signature required when reinstating) DATE 1-19-05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERA, JASON 23004 BAY CEDAR DR. LAND O' LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Romera Date 1-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
05 JAN 24 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
NAP

4. FEI Number
20-0079561
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANIGAN, DAVID C
10927 NORTH 56TH ST.
TAMPA, FL 33617-3000

7. Name and Address of New Registered Agent
Name
JASON ROMERA
Street Address (P.O. Box Number is Not Acceptable)
23004 BAY CEDAR DR
City
LAND O LAKES FL Zip Code
34639

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