

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1082

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 MAR 14 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000110358

1. Corporation Name

Dormois Lawn Care, INC.

500095148815  
03/28/07--01021--014 \*\*450.00

2. Principal Office Address - No P.O. Box #

1644 Brook Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 320815

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip Country

34698 U.S.

City & State

Tampa FL

Zip Country

33679 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0327552

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

Matt Dormois

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

1644 Brook Dr.

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

MATT Dormois

REGISTERED AGENT MUST SIGN

Date 2/5/07

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
owner	Matthew Dormois	1644 Brook Dr.	Dunedin, FL 34698

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 contained in Chapter 119, 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:

Matt Dormois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/07

Daytime Phone #

B. Mitchell MAR 14 2007

20f2

February 26, 2007

Enclosed is \$450.00 to reinstate Dormois Lawn Care, Inc. My mailing address changed at the beginning of 2005 and I have not received filing notices since 2004.

Tax ID # for my company is 20-0327552, Document # for filing is P03000110358.

Thank you,

*Matthew Dormois*

Matthew Dormois