

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 10 PM 3:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000155959

1. Corporation Name

PILGRIM'S LAWN MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box #
7440 FRANKFORT STREET

3. Mailing Office Address
7440 FRANKFORT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAVARRE FL

City & State
NAVARRE FL

Zip
32566

Country
USA

Zip
32566

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/2003

5. FEI Number
200588362

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
PILGRIM, JERRY L

Street Address (P.O. Box Number is Not Acceptable)
7440 FRANKFORT STREET

Suite, Apt. #, Etc.

City
NAVARRE

State Zip Code
FL 32566

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 08 Sept 09

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
PD	PILGRIM, JERRY L	7440 FRANKFORT STREET	NAVARRE FL 32566 US
SD	PILGRIM, STEFINI M	7440 FRANKFORT STREET	NAVARRE FL 32566 US

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:

[Signature] Jerry L. Pilgrim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 Sept 09 850 259-9383
Date Daytime Phone #