

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000008400

1. Corporation Name

Williams Lawn Care, Inc.

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

150 SW 21st Avenue

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip
34974

Country
US

3. Mailing Office Address

150 SW 21st Avenue

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip
34974

Country
US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2004

5. FEL Number

01-0827995

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

Capp Williams

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

150 SW 21st Avenue

Suite, Apt. #, Etc.

City

Okeechobee, Florida

State

FL

Zip Code

34974

☒ 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

Capp Williams

Date

7/27/07

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
PD	Capp Williams	150 SW 21st Avenue	Okeechobee, Florida 34974
VPSTD	Kim Williams	150 SW 21st Avenue	Okeechobee, Florida 34974

IB 8/3/07

REINSTATEMENT

OS 07

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08/01/07--01052--014 **459.75

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: *x Capp Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/07 (863) 631-1658

Daytime Phone #