

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000032322

**FILED**  
**Jan 17, 2013**  
**Secretary of State**

**Entity Name:** BOB'S LAWN CARE OF DUNNELLON, INC.

**Current Principal Place of Business:**

4276 SW 178TH TERRACE  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

4276 SW 178TH TERRACE  
DUNNELLON, FL 34432

**New Mailing Address:**

**FEI Number:** 81-0643797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIS, ROBERT  
4276 SW 178TH TERRACE  
DUNNELLON, FL 34432 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ROBERT MIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MIS, ROBERT  
**Address:** 4276 SW 178TH TERRACE  
**City-St-Zip:** DUNNELLON, FL 34432

**Title:** D  
**Name:** MIS, JOANNE M  
**Address:** 4276 SW 178TH TERRACE  
**City-St-Zip:** DUNNELLON, FL 34432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT MIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/17/2013

\_\_\_\_\_  
Date