

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMLET

APPROVED
AND
FILED

06 SEP -8 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 AR

DOCUMENT # PO4000034180

1. Corporation Name

BANKS LAWN SERVICE, INC.

2. Principal Office Address

15287 SW PALM OAK AVE

Suite, Apt. #, etc.

City & State

INDIANTOWN, FL

Zip

34956

Country

USA

3. Mailing Office Address

15287 SW PALM OAK AVE

Suite, Apt. #, etc.

City & State

INDIANTOWN, FL

Zip

34956

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/04

5. FEI Number

65-0773668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8/14/06 01026 006 87.50

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

EARNEST E. BANKS

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

15287 SW PALM OAK AVE

Suite, Apt. #, Etc.

City

INDIANTOWN, FL 34956

State

FL

Zip Code

34956

300078588239

09/12/06--01068--025 **71 25

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

E.E. Banks

Date 8-10-06

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
VD	MATTHEW E. BANKS	15287 SW PALM OAK AVE	INDIANTOWN, FL 34956
PD	EARNEST E. BANKS	15287 SW PALM OAK AVE	INDIANTOWN, FL 34956

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:

E.E. Banks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-06

Date

772-260-1800

772-597-2608

Daytime Phone #

9/12/06