

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR -4 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000039569

1. Corporation Name

Lawnmaster Landscape & Design Company, Inc.

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

733 Eagle Point Drive

Suite, Apt. #, etc.

City & State

Saint Augustine, FL

Zip

32092

Country

Saint Johns

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/2/2004

5. FEI Number

90-0181635

☐ 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

Elizabeth Mahin

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

733 Eagle Point Drive

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32092

☒ 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

Elizabeth A. Mahin
REGISTERED AGENT MUST SIGN

Date 2/29/2008

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
DP	Jeffery George Mahin	733 Eagle Point Drive	Saint Augustine, FL 32092
DT	Elizabeth Ann Mahin	733 Eagle Point Drive	Saint Augustine, FL 32092

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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:

Elizabeth A. Mahin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Mahin

2/29/2008

Date

904-874-9605

Daytime Phone #

REINSTATEMENT

CR2E081 (12/07)

06-08

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