

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 29 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000053010

1. Corporation Name

PERFECT TURF LANDSCAPING, INC.

600142694706
02/03/09--01003--006 **450.00

REINSTATEMENT

CR2E081 (12/08)

07-09

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

5193 Baynes Road

3. Mailing Office Address

P.O. Box 3821B Tamiami Tr #104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, Florida

City & State

Port Charlotte, Florida

Zip

34288

Country

USA

Zip

33952

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2004

5. FEI Number
050599731

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

JENNIFER GABBARD

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

5193 Baynes Road

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34288

☒ 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

Jennifer Mabbard

REGISTERED AGENT MUST SIGN

Date

1/27/09

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
P/D	Craig Gabbard	5193 Baynes Road	North Port, Florida 34288

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:

Craig Gabbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/09 941-380-4062

Daytime Phone #