

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 16 PM 3:27

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000077816**

1. Corporation Name

**DEPENDABLE & RELIABLE LAWN, INC.**

2. Principal Office Address

**2619 SILVER RIDGE DR**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

Zip

**32818**

Country

**USA**

3. Mailing Office Address

**2619 SILVER RIDGE DR**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

Zip

**32818**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/13/2004**

5. FEI Number

**84-1647018**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

**JAMES PUGH**

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

**2619 SILVER RIDGE DR**

Suite, Apt. #, Etc.

City

**Orlando, Florida**

State

**FL**

Zip Code

**32818**

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

*James Pugh*

REGISTERED AGENT MUST SIGN

Date

**8/10/06**

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	JAMES PUGH	2619 SILVER RIDGE DR	Orlando, FL 32818

000078882900  
08/18/06--01040--007 \*\*150.00

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:

*James Pugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/10/06**

Date

**(321) 229-3702**

Daytime Phone #



*BJ Adams*  
*& Associates*

Professional Accountants

Tuesday, August 8, 2006


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that DEPENDABLE & RELIABLE LAWN, INC has changed their mailing address and didn't receive their annual notice for reinstatement for 2006. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$ 150.00 is enclosed for the said year. If there are any questions you can contact me at 407-297-3700. Document #P04000077816.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

  
Barbara J. Adams  
Accountant

Barbara J. Adams, CEO  
805 S. Kirkman Rd. - Ste 203 - Orlando, FL 32811  
(407) 297-3700 Office - (407) 297-3500 FAX  
1-800-897-3230 Toll Free  
email : [bjadamsnassoc@yahoo.com](mailto:bjadamsnassoc@yahoo.com)

