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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000136137

1. Corporation Name
ALL COUNTY LAWN MAINTENANCE, INC
36 FRONTIER DRIVE
PALM COAST FL 32137

200137855792
11/12/08--01045--005 **150.00

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

36 FRONTIER DR

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

FLORIDA

3. Mailing Office Address

36 FRONTIER DR

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

FLORIDA

REINSTATEMENT
OR 20081-48/08

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2004

5. FEI Number

73-1719579

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

MARC GORDINEER

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

36 FRONTIER DR.

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-10-08

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
<u>P</u>	<u>MARC GORDINEER</u>	<u>36 FRONTIER DR</u>	<u>PALM COAST FL 32137</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-08

Date

Daytime Phone #

2011/14

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All County Lawn Maintenance, Inc
36 Frontier Dr.
Palm Coast, FL 32137

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

This letter is to inform you that the corporation did not receive a notice for the renewal of the annual report. We are not sure what happen in this instance, why we did not receive it.

In light of this, we are asking that the reinstatement fee be waived at this time. We have now updated the correct address of the business and do not anticipate this problem in the future.

Enclosed is our check for \$150.00 for the renewal.

Sincerely,


Marc Gordineer

President