

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 25 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000173401

1. Corporation Name

South County Landcare

W08-42910

200135851692
09/15/08--01045--013 **900.00

REINSTATEMENT 07-08
CR2E081 (12/07)

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

20939 Hobbs Rd

Suite, Apt. #, etc.

3. Mailing Office Address

20939 Hobbs Rd

Suite, Apt. #, etc.

City & State

Wimauma, Florida

Zip

33598

Country

Hillsborough

City & State

Wimauma, Florida

Zip

33598

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

8-1-2006 1-1-05

5. FEI Number

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

Paul W Urbanek

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

20939 Hobbs Rd

Suite, Apt. #, Etc.

City

WIMAUMA

State

FL

Zip Code

33598

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

Paul Urbanek

REGISTERED AGENT MUST SIGN

Date 9-9-08

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>owner</u>	<u>Paul W Urbanek</u>	<u>20939 Hobbs Rd</u>	<u>Wimauma FL 33598</u>
<u>officer</u>	<u>Jessica Urbanek</u>	<u>20939 Hobbs Rd</u>	<u>Wimauma FL 33598</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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-08

Date

1-813-642-9390

Daytime Phone #

9/25/08