

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 OCT 17 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000021913

1. Corporation Name

Stratton Irrigation and Landscaping, INC.

900110873109
10/17/07--01008--025 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
26619 Bimini Dr

3. Mailing Office Address
26619 Bimini Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavares, fl

City & State

Tavares, fl

Zip

32778

Country

Zip

32778

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2005

5. FEI Number
462659888

☒ 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
Joshua Stratton

Street Address (P.O. Box Number is Not Acceptable)
26619 Bimini Dr

Suite, Apt. #, Etc.

City
Tavares

State
FL

Zip Code
32778

☒ 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

Joshua Stratton
REGISTERED AGENT MUST SIGN

Date 10/8/07

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Joshua Stratton | 26619 Bimini Dr | Tavares, fl 32778 |
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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:

Joshua Stratton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/07
Date

Daytime Phone #