

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

10 JAN 22 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000029100

1. Corporation Name

Action Enterprise Professional  
Lawn Care Inc

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

703 Wilson ST

Suite, Apt. #, etc.

3. Mailing Office Address

703 Wilson ST

Suite, Apt. #, etc.

City & State

Wildwood, FL

Zip

34785

Country

USA

City & State

Wildwood FL

Zip

34785

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

F202510905

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

Robert Lee McIntyre III

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

703 Wilson ST

Suite, Apt. #, Etc.

City

Wildwood

State

FL

Zip Code

34785

☒ 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

Robert L McIntyre III

Date

1/22/10

REGISTERED AGENT MUST SIGN

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	Robert L McIntyre	703 Wilson ST Wildwood, FL 34785	Wildwood, FL 34785

REINSTATEMENT

FI

700166899307  
01/22/10--01002--009 \*\*308.75

RLH

10. E-mail Address: AEPICINC@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Robert L McIntyre III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/10

Daytime Phone #

352-504  
5616