

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 AM 8:53

DOCUMENT # **P 05000050379**

1. Corporation Name

Grassmasters Lawn Care of Polk County, Inc.

KS

200165776352

01/12/10--01003--023 **1058.75

REINSTATEMENT 07-09

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

3972 Gerber Dairy Rd

3. Mailing Office Address

P.O. Box 715

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4-01-2005

City & State

Winter Haven FL

City & State

Eagle Lake FL

Zip

Country

33880

Zip

Country

33839

5. FEI Number

202900620

☐ 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

Kyle Catrett

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

3972 Gerber Dairy Rd

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880



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 section 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-13-09

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	Kyle Catrett	3972 Gerber Dairy Rd	Winter Haven FL 33880
VP	Paul Sikorski	678 East Eagle Ave.	Eagle Lake FL 33839

10. E-mail Address:

~~[Redacted]~~

H.Catrett2@hotmail.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

[Signature]

Kyle Catrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-09

Date

(863) 557-7023

Daytime Phone#