

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 15 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

600161715426

10/14/09--01002--007 **300.00
JR2E08: (12/09)

DOCUMENT # P05000059669

1. Corporation Name

Thornton Lawn Maintenance,
Inc.

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

2011 Balboa Ave.

Suite, Apt. #, etc.

Vero Beach

City & State

FL

Zip 32961

Country

3. Mailing Office Address

P.O. Box 5003

Suite, Apt. #, etc.

Vero Beach

City & State

FL

Zip 32961

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/2005

5. FEI Number

202707170

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 Randolph W Thornton Jr

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

2011 Balboa Ave

Suite, Apt. #, Etc.

Vero Beach

City

State

FL

Zip Code

32961

☒ 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 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Randolph W Thornton Jr

REGISTERED AGENT MUST SIGN

Date 10-12-2009

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	Randolph W Thornton	P.O. Box 5003	Vero Beach FL 32961

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:

Randolph W Thornton Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-2009

Date

772-473
0153

Daytime Phone #