

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

09 MAR 26 PM 1:40

DOCUMENT # *P05 000079394*

1. Corporation Name

Brian's lawn service of Jax. Inc.

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

6206 Pine Cove Lane

3. Mailing Office Address

6206 Pine Cove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32211

Country

USA

Zip

32211

Country

USA

100147543021

03/26/09--01020--016 **450.00

REINSTATEMENT

07-09KS

4. Date Incorporated or Qualified
To Do Business in Florida

7/01/05

5. FEI Number
20-2932043

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

Brian Cecere

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

6206 Pine Cove Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

☒ 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

Brian Cecere

Date 3/05/09

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
owner	Brian Cecere	6206 Pine Cove Lane	Jacksonville FL 32211

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:

Brian Cecere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/09

Date

904-993-3322

Daytime Phone #