

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 10 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P06000046937*

1. Corporation Name

*Prestige Lawn & Landscape, INC.*

800162647178

11/10/09 01002-009 \*\*300.00  
CR2E081 (10/09)

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

*1542 AIDDE ST*

Suite, Apt. #, etc.

3. Mailing Office Address

*Po Box 780888*

Suite, Apt. #, etc.

City & State

*Sebastian FL*

Zip

Country

*32958 US*

City & State

*Sebastian FL*

Zip

Country

*32978 US*

4. Date Incorporated or Qualified  
To Do Business in Florida

*09-27-06*

5. FEI Number

*74-3168353*

☐ 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

*Jason V Simons*

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

*8176 106TH AVE*

Suite, Apt. #, Etc.

City

*Vero Beach*

State

*FL*

Zip Code

*32967*



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 recieved 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

REGISTERED AGENT MUST SIGN

Date

*11-6-09*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>officer and/or Director | City/State/Zip            |
|--------|--------------------------------------|---|---------------------------|
| P      | <i>Jason V Simons</i>                | <i>1542 AIDDE ST</i>                              | <i>Sebastian FL 32958</i> |
| T      | <i>Nicole A Ferris</i>               | <i>1132 Breezy Way</i>                            | <i>Sebastian FL 32958</i> |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

10. E-mail Address:

*PrestigeLawn@Belkouth.net*

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-6-09 (772) 453 7869*

Date

Daytime Phone#

MW  
11-10-09