

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000061406

1. Entity Name
BILL CLARK LANDSCAPING & MAINTENANCE INC.



Principal Place of Business
3998 EDGEWATER DR
TALLAHASSEE, FL 32310

Mailing Address
P.O. BOX 2471
TALLAHASSEE, FL 32316

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3998 EDGEWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

Zip

Country

Zip

32310

Country

LEON

11042008

REIN-P

CR2E098 (1/07)

4. FEI Number

20-4823106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, WILLIAM H
3998 EDGEWATER DR
TALLAHASSEE, FL 32310

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William (Bill) Clark

10/04/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME CLARK, ROBYN M
STREET ADDRESS 3998 EDGEWATER DR
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME 600137855006
STREET ADDRESS 11/12/08--01041--012
CITY-ST-ZIP **150.00

TITLE D ☐ Delete
NAME CLARK, WILLIAM
STREET ADDRESS 3998 EDGEWATER DR
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William (Bill) Clark

10/04/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS