

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 APR -3 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000069578

1. Corporation Name

Reaves Landscape & Lawn Maintenance

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

1303 Red Pony Ranch Road

3. Mailing Office Address

1303 Red Pony Ranch Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32724

Country

United States

Zip

32724

Country

United States

REINSTATEMENT 11-12

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2006

5. FEI Number
205033579

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

Allison L. Reaves

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

1303 Red Pony Ranch Road

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

APR 3 2012

S. TONER

800227254798
04/03/12--01027--001 **300.00

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

Allison L. Reaves

REGISTERED AGENT MUST SIGN

Date **3/19/2012**

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	Allison L. Reaves	1303 Red Pony Ranch Road	DeLand, FL 32724
T	Stephanie H. Reaves	1303 Red Pony Ranch Road	DeLand, FL 32724

Reinstatement fee waived due to clerical error. AS 4/3/12

10. E-mail Address: **dalefsu@cfl.rr.com**

(To be used for future annual report notification)

11. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Allison L. Reaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2012

Date

Daytime Phone #