

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 28 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100162255821
10/28/09--01023--002 **150.00

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000107293

1. Corporation Name

CEBALLOS LAWN SERVICE, INC

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

1744 SW 108TH LANE

Suite, Apt. #, etc.

APT A

City & State

OCALA FL

Zip

34476

Country

MARION

3. Mailing Office Address

1744 SW 108TH LANE

Suite, Apt. #, etc.

APT A

City & State

OCALA FL

Zip

34476

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-1148030

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

CEBALLOS, JORGE E

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

1744 SW 108TH LANE

Suite, Apt. #, Etc.

APT A

City

OCALA

State

FL

Zip Code

34476

☒ 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

George E. Ceballos
REGISTERED AGENT MUST SIGN

Date 10262009

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
PRESIDENT	CEBALLOS, JORGE E	1744 SW 108TH LANE APT A	OCALA FL 34476

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:

George E. Ceballos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2009

Date

352-216-7716

Daytime Phone #