

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1182  
APPROVED AND FILED  
96 NOV 15 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042147**

1. Corporation Name

**PFISTER LOT MOWING, INC.**

Principal Place of Business

Mailing Address

3312 SOUTH WEST SEVENTEENTH PLACE  
CAPE CORAL FL 33914

3312 SOUTH WEST SEVENTEENTH PLACE  
CAPE CORAL FL 33914



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>NP</i>		3. New Mailing Office Address, If Applicable <i>NP</i>		4. Date Incorporated or Qualified To Do Business in Florida <b>08/15/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0411915</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	PFISTER, HARRY W JR.	3312 S.W. SEVENTEENTH PL	CAPE CORAL FL 33914
SD	PFISTER, PAULINE B	3312 S.W. SEVENTEENTH PL	CAPE CORAL FL 33914
			300002010313--8 -11/20/96--01108--014 ***375.00 ***375.00

**REINSTATEMENT** 1496  
11-15-96  
A. Alvar

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PFISTER, HARRY M JR 3312 SOUTH WEST SEVENTEENTH PLACE CAPE CORAL FL 33914		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent *Harry M Pfister* **SIGNATURE REQUIRED** Date *11/14/96* *10/18/1996*  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Pauline Pfister* **SIGNATURE REQUIRED** 11/18/96 (94) 945-3627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #