

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR 13 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046118

1. Corporation Name

Kirtan Bros Lawn Service Inc

Principal Place of Business

Mailing Address

5651 NE 80th Ave
Okeechobee FL 34972

REINSTATEMENT

94-98
AD

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

PO Box 1115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee FL

Zip

Country

Zip

Country

34973

Okeechobee

4. Date Incorporated or Qualified
To Do Business in Florida

June 29 1993

5. FEI Number

65-0423244

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Dudley R Kirtan	2201 SW 28th St	Okeechobee FL 34973
VP	H Spencer Kirtan	1108 SW 7th St	Okeechobee FL 34972
D	Coney Kirtan	1414 SE 8th Dr	Okeechobee FL 34972

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-03/17/98--01007--010
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dudley R Kirtan
2201 SW 28th St
Okeechobee FL 34973

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0808, F.S.

Signature of
Registered Agent

Dudley R Kirtan

REGISTERED AGENT MUST SIGN

Date

3/11/98

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:

Dudley R Kirtan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/98 941 357-2277