

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1996 OCT 28 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053376**

1. Corporation Name

**SUNRISE LAWN SERVICE I, INC.**

Principal Place of Business

Mailing Address

13603 61ST LANE NO.  
WEST PALM BCH. FL 33412  
US

~~C/O RONALD DINIZO~~  
~~P.O. BOX 12813~~  
~~LAKE PARK FL 34033~~

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0430499

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 AGENCY FEE (SEE INSTRUCTIONS)

Zip

Country

Zip

Country

33412

U.S.A.

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

1 Title(s)	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
P	DINIZO, RONALD	13603 61ST LANE NO.	WEST PALM BCH. FL
VS	DINIZO, ELAINE	13603 61ST LANE NO.	WEST PALM BCH. FL
T	OLSON, RICHARD	14806 HADLEY	OVERLAND PARK KA
<del>D</del>	<del>NUGENT, CRAIG</del>	<del>4000 COCONUT RD.</del>	<del>WEST PALM BCH. FL</del>

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DINIZO, RONALD  
13603 61 LANE NORTH  
WEST PALM BEACH FL 33412

Name

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

Suite, Apt. #, Etc.

City

600001997536--0

-11/06/96--01036--025

\*\*\*375.00

\*\*\*875.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Ronald Dinizo, Pres.*  
REGISTERED AGENT MUST SIGN

Date 10-10-96

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:

*Richard J. Olson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD J. OLSON

10/9/96

846-836-8873  
Daytime Phone

CR20040 (7/96)