

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 25 PM 12:23

DOCUMENT # P9400001232D

1. Corporation Name

HAGERSTROM LANDSCAPING INC

100037734381  
06/08/04--01006--025 \*\*300.00

**REINSTATEMENT** 03-04  
MRS

2. Principal Office Address

229 MERIDIAN HILLS RD  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

TALL FL 32312

City & State

Zip

32312

Country

LEON

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

94

5. FEI Number

59-3224080

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

ROBERT ROBIN HAGERSTROM

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

229 MERIDIAN HILLS RD

Suite, Apt. #, Etc.

City

TALL

State

FL

Zip Code

32312

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

Robert R Hagerstrom

Date

5/25/04

REGISTERED AGENT MUST SIGN

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
<u>PRES</u>	<u>ROBERT R HAGERSTROM</u>	<u>229 MERIDIAN HILLS RD</u>	<u>TALL FL 32312</u>

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 under section 119.07(3)(l), 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:

ROBERT ROBIN HAGERSTROM

Robert Robin Hagerstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/04

Daytime Phone #

850-508-5655

I did not Receive my First or  
second notice for the year 2003

Hagerstrom Landsevery Inc

Doc # P94000012320