

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR -2 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012320

1. Corporation Name

HAGERSTROM LANDSCAPING INC

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

4408 MILLWOOD LANE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TALL FL.

City & State

Zip

32312

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2015, 1994

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 R. HAGERSTROM

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

4408 MILLWOOD LANE

Suite, Apt. #, Etc.

TALL FL.

City

TALL

State

FL

Zip Code

32312

☒ 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

Robert R. Hagerstrom

Date

3/2/10

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 HAGERSTROM</u>	<u>4408 MILLWOOD LANE</u>	<u>TALL FL 32312</u>

**REINSTATEMENT**

09-10

10. E-mail Address: \_\_\_\_\_

(To be used for future annual report notification)

11. 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. I further certify 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 R. Hagerstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/10

Date

850-668-5655

Daytime Phone #