

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000032125**

1 Corporation Name

D & E LAWN SERVICE, INC.

Principal Place of Business

11440 - 8TH WAY NORTH
#212
ST. PETERSBURG FL 33716

Mailing Address

11440 - 8TH WAY NORTH
#212
ST. PETERSBURG FL 33716

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

04/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33784

U.S.A.

5. FEI Number

650478140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee required
for a Certificate of Status

REINSTATEMENT *96*

DO NOT WRITE IN THIS SPACE

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
PST	BROOKS, DESMOND	11440 8TH WAY NORTH, #212	ST. PETERSBURG FL 33716
		5850 TOUCAN PL CLW. FL 34620	CLW. FL. 34620
			000002039170--2 -12/27/96--01048--015 ****375.00 ****375.00
			012-23-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROOKS, DESMOND
11440 - 8TH WAY NORTH
#212
ST. PETERSBURG FL 33716

Name
DESMOND BROOKS
Street Address (P.O. Box Number is Not Acceptable)
5850 TOUCAN PL.
Suite, Apt. #, Etc.
City
CLW.
State
FL
Zip Code
34620

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

Desmond Brooks
REGISTERED AGENT MUST SIGN

Date **12/20/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Desmond Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DESMOND BROOKS, PRES.
Date **12/20/96** (813) 529-3938
Daytime Phone #