

APPLICATION
FOR
REINSTATEMENT



APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036041

1. Corporation Name

ST. GERMAIN LAWN CARE & LANDSCAPING, INC.

Principal Place of Business

3220 WEBER RD
MALABAR FL 32950

Mailing Address

3220 WEBER RD
MALABAR FL 32950



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

05/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3253092

Applied For

City & State

City & State

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required
for a Certificate of Status**

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
PD	ST. GERMAIN, MARC	3220 WEBER RD	MALABAR FL 32950
VST	ST. GERMAIN, NANCY	3220 WEBER RD	MALABAR FL 32950
			900002056019--0 -01/14/97--01001--005 ****375.00 ****375.00
			REINSTATEMENT <i>96 sep 11/07</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. GERMAIN, NANCY
3220 WEBER RD
MALABAR FL 32950

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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

Nancy St Germain
REGISTERED AGENT MUST SIGN

Date 12.2.96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-96

(407) 953-2800
Daytime Phone #

0017387 AF