

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 MAR -6 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P940000 41171

1. Corporation Name

ABSOLUTE LAWN CARE, INC.

Principal Place of Business

Mailing Address

12461 SW 1ST ST.  
CORAL SPRINGS, FL. 33071

See A/R 1996 + 1997  
MWB

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

5/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0495635

Applied For

Not Applicable

City & State

City & State

Zip

County

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/V/D	STEPHAN P. ADOLPH	12461 SW 1ST ST.	CORAL SPRINGS, FL. 33071
S/T	PATRICIA A. ADOLPH	12461 SW 1ST ST.	CORAL SPRINGS, FL. 33071

100002110101--8

-03/11/97--01085--009

\*\*\*\*365.00 \*\*\*\*365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHAN P. + PATRICIA A. ADOLPH  
12461 SW 1ST ST.  
CORAL SPRINGS, FL. 33071

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/3/97

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

Date

(954) 768-5969  
(954) 752-3314

Daytime Phone #

CR2E040 (12/96)

Page 2 of 2

Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Absolute Lawn Care, Inc.  
I.D. 65-0495635


March 3, 1997

To whom it may concern,

This letter is being written as requested by one of your employees to inform you that Absolute Lawn Care, Inc. never received a corporation "Annual Report" form to file since the first time we filed. Our business mailing address changed from 1253 University Dr., Suite 246, Coral Springs, Fl. 33071 to 12461 SW 1st St., Coral Springs, Fl. 33071 in late '94 or early '95 (cannot remember the exact date). We did have a forwarding address in place, however; as stated earlier, we did not receive a corporation "Annual Report" form since our new address came into effect.

We did not even realize that our business had been dissolved until we received a telephone call from our bank informing us of the situation. We immediately called your office and we were informed to mail you the enclosed "Reinstatement Form" along with a check for \$365. We called your office today at (904)487-6050 and spoke with Leslie. She confirmed that the enclosed form is the correct one to reinstate the business and that the attached fee of \$365. is also the correct amount. Please do not hesitate to contact us at (954)752-3314 if you have any questions. Thank you.

Sincerely,

  
Patricia A. Adolph (Sec. Treas.)  
Stephan P. Adolph (Pres./V.P.) 