

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086514

1. Corporation Name

ANTONIO'S LAWN SERVICE INC.

Principal Place of Business

Mailing Address

630 NE 59TH CT
FT LAUDERDALE FL 33334
US

P.O. BOX 23700
FT LAUDERDALE FL 33307
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1995

5. FEI Number

65-0538767

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NOLASCO, ANTONIO M	630 NE 59 CT	FT LAUDERDALE FL 33334

500004668885--4
-11/06/01--01046--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

NOLASCO, ANTONIO
630 NE 59TH CT
FT LAUDERDALE FL 33334

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

Antonio Nolasco
REGISTERED AGENT MUST SIGN

Date

10/15/01

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 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:

Antonio Nolasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

954-
818-2023

1002
FILED
01 OCT 19 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



CFR2040 (8/01)

ANTONIO'S LAWN SERVICE, INC.
PO BOX 23700
FT LAUDERDALE, FL 33307

CELL#954-818-2023
OFFICE#954-746-9879

October 15, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


RE: 65-0538767 Antonio's Lawn Service, Inc.

To Whom It May Concern:

Please note that we have received the notice of administrative dissolution of our corporation, but we failed to receive the initial annual report. Attached please find the \$150.00 fee for the corporation and kindly reinstate this corporation.

Thank you for your understanding in this matter.

Sincerely,


Antonio Nolasco, President