

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 OCT 22 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000609407**

1. Corporation Name **LAWNS - A - LOT, INC.**
36751 Leslie Lane
EUSTIS, FL
32736-9321

Principal Place of Business Mailing Address
36751 Leslie Lane
EUSTIS, FL
32736-9321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State N/A		City & State N/A	
Zip N/A	Country N/A	Zip N/A	Country N/A

4. Date Incorporated or Qualified To Do Business in Florida 03-24-95	
5. FEI Number 59-3312574	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
Pres.	DAVID L. STURDEVANT	36751 LESLYE LANE	EUSTIS, FL 32736-9321

800002673188-7
-10/27/98-01033-016

1058.75

10/22

8. Name and Address of Current Registered Agent

Sturdevant
DAVID L. STURDEVANT
36751 LESLYE LANE
EUSTIS, FL
32736-9321

9. Name and Address of New Registered Agent

Name N/A		
Street Address (P.O. Box Number is Not Acceptable) N/A		
Suite, Apt. #, Etc. N/A		
City N/A	State FL	Zip Code N/A

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 **David Sturdevant**
REGISTERED AGENT MUST SIGN

Date **10-16-98**

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)(f), 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:

David Sturdevant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-16-98** Daytime Phone #

CR2E040 (12/96)