

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022442

1. Corporation Name

LAUB MAINTENANCE, INC.

Principal Place of Business

4566 BOCNOCK WAY  
PALM HARBOR FL 34685

Mailing Address

4566 BOCNOCK WAY  
PALM HARBOR FL 34685



000009110990  
11/20/02--01062--002 \*\*150.00

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

03/20/1995

Suite, Apt. #, etc.

4566 BOCNOCK WAY

City & State

Palm Harbor FL

Suite, Apt. #, etc.

City & State

Zip

34685

Country

Pinellas

Zip

Country

5. FEI Number

59-3302508

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	LAUB, DAVID	4566 BOCNOCK WAY	PALM HARBOR FL 34685

8. Name and Address of Current Registered Agent

LAUB, DAVID A  
4566 BOCNOCK WAY  
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 11-14-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Laub

Date

11-14-02 727-939-7116

Daytime Phone #

CR2040 (8-02)



DAVID A. LAUB  
C.P.O.

(727) 789-3884

LANDSCAPE MAINTENANCE / LAWN & PEST MANAGEMENT

Palm Harbor, FL

November 14, 2002

RE: Corporate Filing

Dear Sir or Madam,

This letter is to inform you that this is the first notice that our company has received about any problem with our corporation filing. We have enclosed a check for \$150.00.

If there are any other problems, please let us know.

Sincerely,

David A. Laub  
President

• Design • Irrigation • Maintain • Install • Sod • Landscaping •

• Lawns • Shrubs • Trees • Palms • Dry & Liquid Applications • Fertilizer • Insects • Weeds • Disease • Soil Testing and Ammendment Specialists •