

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -7 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000050027 ?

1. Corporation Name

The Best Lawn Care, Inc.

2. Principal Office Address

328 GREENWOODS DR.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33813

Country

USA

3. Mailing Office Address

328 GREENWOODS DR.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33813

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/98

5. FEI Number

59-3332295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK HERMAN

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

328 GREENWOODS DR

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

REINSTATEMENT

04-05

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Patrick J. Herman

REGISTERED AGENT MUST SIGN

Date 12/6/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | PATRICK HERMAN | 328 GREENWOODS DR | LAKELAND, FL 33813 |
| V | ELIZABETH HERMAN | 328 GREENWOODS DR | LAKELAND, FL 33813 |
| | | | |
| | | 12-02-05 01041 016 - 300.00 | |
| | | | |
| | | | |

10. 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:

Patrick J. Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/05

Date

863-581-7674

Daytime Phone #

2/2

**The Best Lawn Care, Inc.
328 Greenwoods Drive
Lakeland, FL 33813
(863) 581-7674**

**TO: The Department of Corporations
RE: Reinstatement Fee**

**FROM: The Best Lawn Care, Inc.
Patrick Herman, President
328 Greenwoods Drive
Lakeland, FL 33813
(863) 581-7674**

To Whom It May Concern:

We recently started a new bank account and found our corporation status had expired. We had not received the renewal form since October of 2004. We called your office and were told to download the reinstatement form, send \$300.00 and write this letter informing you why we are not up to date.

Happy Holidays,


Patrick Herman