

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 29 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000068232

**1. Corporation Name**

GRASSHOPPER'S LAWN SERVICE OF CENTRAL  
FLORIDA, INC.

**2. Principal Office Address**

#8 Wood Street

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Oviedo, Florida

**City & State**

**Zip**

32765

**Country**

Seminole

**Zip**

**Country**

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

09/01/1995

**5. FEI Number**

59-3333236

**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**

Eugene M. Skipper

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

#8 Wood Street

**Suite, Apt. #, Etc.**

**City**

Oviedo

State  
**FL**

**Zip Code**

32765

100005971861--8

-06/25/02--01047--007

\*\*\*1050.00 \*\*\*1050.00

**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

*Eugene M. Skipper*  
REGISTERED AGENT MUST SIGN

Date May 28 2002

**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/D	Eugene M. Skipper	#8 Wood Street	Oviedo, FL 32765
			900.00-Adm
			61.25-AR
			88.75-ARSKPP
			<i>[Signature]</i>

**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:** *Eugene M. Skipper* Eugene M. Skipper May 28 2002 (407) 324-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)