

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 JUL -1 PM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081917

1. Corporation Name

Grassmaster Lawn Service Incorporated

2. Principal Office Address

3004 Baldwin Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 50051

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

U.S.A.

Zip

34232-0000

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-95

5. FEI Number

650614776

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-03

000021199490

06/30/03--01095--004 **1508.75

7. Name and Address of Current Registered Agent

Name

Alan R. Rubin

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

3004 Baldwin Ave.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

Alan R. Rubin

Date

6-26-03

REGISTERED AGENT MUST SIGN

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 |
|------------------|--------------------------------------|---|--------------------|
| <u>President</u> | <u>Alan R. Rubin</u> | <u>Sarasota same</u> | <u>FL 34232</u> |
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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:

Alan R. Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-26-03

Daytime Phone #

941-650-4766

CR2E081 (10/02)