

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 18 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500138034605

11/18/08--01007--017 **750.00

DOCUMENT # **P97000006A96**

1. Corporation Name

KIM'S LAWN SERVICE, INC

REINSTATEMENT 08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

4344 CHARLESTON LN.

Suite, Apt. #, etc.

3. Mailing Office Address

2016 PLEASANT HILL RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

X DUVAL

City & State

DUVAL, GA

Zip

30096

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-1997

5. FEI Number

59-2420126

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

SEONJA JEON

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

4344 CHARLESTON LN.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X Seom

Date **X 11-10-08**

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
PR	X SEONJA JEON	4344 CHARLESTON LN.	JACKSONVILLE, FL 32210
VP	CHILSEONG JANG	4344 CHARLESTON LN	JACKSONVILLE, FL 32210
SC	SEONJA JEON	4344 CHARLESTON LN	JACKSONVILLE, FL 32210

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 contained in Chapter 119, 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:

X Seom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11-10-08

Date

Daytime Phone #

X 770-451-6177

2011/19