

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 17 AM 9:58

**DOCUMENT #**

P97000009297

**1. Corporation Name**

PREFERRED LAWN SERVICES INC

**2. Principal Office Address**

11883 HIDDEN HILLS DR.

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 50607

Suite, Apt. #, etc.

**City & State**

JACKSONVILLE, FL

**City & State**

JAX Bch, FL

**Zip**

**Country**

USA

**Zip**

**Country**

32240-0607

USA

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

1-30-1997

**5. FEI Number**

59-3440122

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98-04

WOP

**7. Name and Address of Current Registered Agent**

**Name**

ERIC REESE

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

11883 HIDDEN HILLS DR

Suite, Apt. #, Etc.

**City**

JAX,

**State**

FL

**Zip Code**

32225

400030931644

03/23/04--01064--011 \*\*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

*[Signature]*

Date 03-17-04

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
P	Jeffrey Reese	11883 HIDDEN HILLS DR	JAX, FL 32225
N	Eric Reese	11883 HIDDEN HILLS DR	JAX, FL 32225

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-04

Date

904-446-1772

904-377-2331

Daytime Phone #

CR2081 (01/04)