


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000014088

1. Corporation Name

FOUR SEASONS LANDSCAPING AND LAWN
MAINTENANCE INC

2. Principal Office Address

14735 YELLOW PINE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 120375

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMOT, FL

Zip

34711

Country

USA

Zip

34712-0375

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

25-1784225

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

JODI JONES

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

14735 YELLOW PINE LANE

Suite, Apt. #, Etc.

City

CLERMONT

State

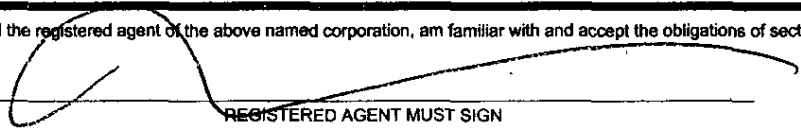
FL

Zip Code

34711

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



REGISTERED AGENT MUST SIGN

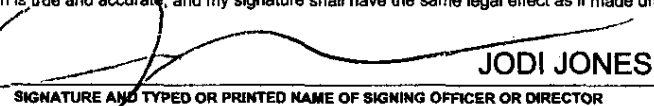
Date 3-21-03

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	JODI JONES	14735 YELLOW PINE LANE	CLERMONT, FL 34711
S	SEAN R JONES	14735 YELLOW PINE LANE	CLERMONT, FL 34711

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODI JONES

3-21-03

Date

Daytime Phone #

2350-243-2007

CR2E081 (10/02)

To Whom it May Concern

PHENIX

I am writing this letter
to inform you that we have
received my packets saying that we
had not paid 2002's Corp fee.

I am sending the \$150.00 for 2002 and
\$150.⁰⁰ for 2003 as per Andy Burtop.
Thank you very much for your time.

FEI # 25 1784225

Thank You,

