

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 FEB 13 AM 11:52

DOCUMENT # 097000017643

1. Corporation Name

Mack's Lawn Service Inc.

2. Principal Office Address

840 36 st

3. Mailing Office Address

840 36 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch. Fl.

City & State

West Palm Bch. Fl.

Zip

33407

Country

U.S.

Zip

33407

Country

U.S.

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

2-21-97

5. FEI Number

65-0732048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee for a new
Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lynn J. McNealy

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

840 36 st

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0603, F.S.

Signature of
Registered Agent

Lynn J. McNealy

REGISTERED AGENT MUST SIGN

Date 2-8-02

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	Lynn J. McNealy	840 36 st W. Palm Beach	W.P.Bch. Fl. 33407

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****900.00 ****900.00

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 807 or 817, 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 807.0401 or 817.0401, 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:

Lynn J. McNealy Lynn J. McNealy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-02 561-844-6019

Date

Daytime Phone #

CR25081 (9/01)

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