

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 MAY 13 AM 10:18

DOCUMENT # Klip & Kat Lawn Service, Inc
1. Corporation Name
P970000045785

400329460364
05/13/19--01038--012 **750.00

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

4090 Orion Way

Suite, Apt. #, etc.

3. Mailing Office Address

4090 Orion Way

Suite, Apt. #, etc.

City & State

Rockledge

City & State

Rockledge, FL

Zip

FL

Country

USA

Zip

32955

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-1997

5. FEI Number

59-3447277

☐ 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 Sara Hatfield

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

4090 Orion Way

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

REINSTATEMENT

2019-

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

Sara Hatfield

REGISTERED AGENT MUST SIGN

Date 4-30-19

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
Pres	Kurtis Hatfield	4090 Orion Way	Rockledge, FL 32955
S.T.V.P	Sara Hatfield	4090 Orion Way	Rockledge, FL 32955

10. E-mail Address: Sahatfie3@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sara Hatfield

4-30-19

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #