

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000092015**

1. Corporation Name

**GUARDIAN LAWN SERVICE, INC.**

Principal Place of Business

4634 JONES TRAIL  
 LAKELAND FL 33813

Mailing Address

4634 JONES TRAIL  
 LAKELAND FL 33813



**REINSTATEMENT 03**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3501457

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HENSLER, MICHAEL L JR.	4634 JONES TRAIL	LAKELAND FL 33813

800023764348  
 10/13/03--01093--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENSLER, MICHAEL L JR.  
 4634 JONES TRAIL  
 LAKELAND FL 33-813N

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10/10/03

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., 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03  
 Date

863-255-6734  
 Daytime Phone #

CR2E040 (7/03)

Department of Revenue

I received a letter of dissolution on 10/09/03. On 10/10/03 I called your phone number to inquire as to why and talked to Kasey. I don't know how, but I have not received any mailings concerning my delinquency on my Corporation. Here is my application of reinstatement and a check for \$150. Thank you for understanding.

Michael L Hensler, Jr.

President of Guardian Lawn Service, Inc  
863-255-6734