

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019894

1. Corporation Name

Service Land Grading Inc

REINSTATEMENT 02-04

2. Principal Office Address

8642 Gonzalez Lake Dr
Suite, Apt. #, etc.

3. Mailing Office Address

18807 Misty Shores Ln
Suite, Apt. #, etc.

000039488820

07/23/04--01079--012 **1050.00

City & State

Tampa FL

City & State

Lutz FL 33548

Zip

33625

Country

USA

Zip

33548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/02/98

5. FEI Number

59-3503714

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

Ernesto Roman Gonzalez

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

8642 Gonzalez Lake Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

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]

REGISTERED AGENT MUST SIGN

Date 7/20/04

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	Ernest R. Gonzalez	18807 Misty Shores Ln	Lutz FL 33548
VP	Kathy L. Gonzalez	18807 Misty Shores Ln	Lutz FL 33548

[Signature] 7/20

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

Kathy L. Gonzalez

Date

7/20/04

Daytime Phone #

813 263-5276

CR2E081 (01/04)