

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 2:18

DOCUMENT # P98000052608

1. Corporation Name

QUALITY LAWN SERVICES & LANDSCAPING, INC.

Principal Place of Business

Mailing Address

~~110 PABLO COURT~~
~~DAVENPORT FL 33837~~

~~110 PABLO COURT~~
~~DAVENPORT FL 33837~~



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

REINSTATEMENT

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3519315

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MAILLE, ROBERT R.	110 PABLO COURT	DAVENPORT FL 33837
SDVT	MAILLE, NANCY E	110 PABLO COURT	DAVENPORT FL 33837
DP	JEFFERY LOWEY	4624 QUEENS POINT DR	LAKELAND, FL. 33813
DYP	ROY HASEMANN	4624 QUEENS POINT DR	LAKELAND, FL. 33813
DTS	ROSE HASEMANN	4624 QUEENS POINT DR	LAKELAND, FL. 33813

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWEY, JEFFREY
4624 QUEENS POINT DRIVE
LAKELAND FL 33813

Name

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

Suite, Apt. #, Etc.

City

700003491067--2

12/07/00--01076--007

***750.00

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.

Signature of
Registered Agent

Date 11-15-00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROY W. HASEMANN
ROY W. HASEMANN

11-15-00