

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -2 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055552

1. Corporation Name

EZ LAWN, INC.

2. Principal Office Address

18366 Jupiter Landings Dr.

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

USA

3. Mailing Office Address

18366 Jupiter Landings Dr.

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

USA

REINSTATEMENT

09-00

4. Date Incorporated or Qualified

To Do Business in Florida

6/19/98

5. FEI Number

65-0882989

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

Keith R. Taylor, Esq.

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

530 N. Suncoast Blvd.

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

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

Keith R. Taylor

REGISTERED AGENT MUST SIGN

Date

3/1/00

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/T	Kenneth G. Orender	18366 Jupiter Landings Dr.	Jupiter, FL 34458
VP/S	Patricia R. Orender	18366 Jupiter Landings Dr.	Jupiter, FL 34458

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:

Kenneth G. Orender

, Pres.- Kenneth G. Orender

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/2005

(561) 747-1486

Daytime Phone #