

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 10 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086842

1. Corporation Name

PRO-POWER LAWN SERVICE & MAINTENANCE, INC.

Principal Place of Business

15735 HELEN K DRIVE
SPRING HILL FL 34610

Mailing Address

15735 HELEN K DRIVE
SPRING HILL FL 34610

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

***758.75 ***758.75

10/09/1998

5. FEI Number

59-3537226

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 corporations must have 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
PD	POWERS, JAMES R JR.	15735 HELEN K DRIVE	SPRING HILL FL 34610
VD	POWERS, JAMES R III	15735 HELEN K DRIVE	SPRING HILL FL 34610
STD	POWERS, RACHEL D	15735 HELEN K DRIVE	SPRING HILL FL 34610
PD	POWERS, JAMES R JR	15735 HELEN K DRIVE	SPRING HILL, FL 34610
VD	POWERS, JAMES R III	15735 HELEN K DRIVE	SPRING HILL, FL 34610
STD	POWERS, RACHEL D	15735 HELEN K DRIVE	SPRING HILL, FL 34610

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name JAMES R POWERS JR		
Street Address (P.O. Box Number is Not Acceptable) 15735 HELEN K DRIVE		
Suite, Apt. #, Etc.		
City SPRING HILL	State FL	Zip Code 34610

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

James R Powers

REGISTERED AGENT MUST SIGN

Date 12/6/99

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

12/6/99

Daytime Phone #

CR2E040 (8/99)