

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 FEB -6 PM 4:32

DOCUMENT # **P98000089067**

1. Corporation Name

Valentine's Lawn & Shrub Care, INC.

REINSTATEMENT *02-03*

100011902881

02/06/03--01024--015 **900.00

2. Principal Office Address

400 W. New Nolt Rd

Suite, Apt. #, Etc.

City & State

SAINT CLOUD, FL

Zip Country
34771 USA

3. Mailing Office Address

PO Box 700327 ST CLOUD 34770

Suite, Apt. #, etc.

City & State

SAINT CLOUD, FL

Zip Country
34770 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/19/98

5. FEI Number

59-353-8499

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

Joseph A. Valentine JR

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

1601 Christa Ct

Suite, Apt. #, Etc.

City

SAINT CLOUD

State
FL

Zip Code
34771

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

Joseph A. Valentine Jr

REGISTERED AGENT MUST SIGN

Date **2/4/03**

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
President	Joseph A. Valentine Jr	1601 Christa Ct	SAINT CLOUD, FL 34771

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:

Joseph A. Valentine Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Valentine Jr 2-4-03

Date

Daytime Phone #

407-891-9245

CR2E081 (10/02)