

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000106532

1. Corporation Name

A-Z LAWN, HOME AND TREE, INC.

Principal Place of Business

2320 SHADY OAK RD.
MELBOURNE FL 32935

Mailing Address

2320 SHADY OAK RD.
MELBOURNE FL 32935

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

2. New Principal Office Address, If Applicable

~~2320 SHADY OAK RD.~~
2380 High Ridge Rd

Suite, Apt. #, etc.

Melbourne, FL

City & State

32935

Zip

Country

USA

3. New Mailing Office Address, If Applicable

~~2320 SHADY OAK RD.~~
2380 High Ridge Rd

Suite, Apt. #, etc.

Melbourne, FL

City & State

32935

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1998

SP

5. FEI Number

59-3552182

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CORNMAN, RONALD	2320 SHADY OAK RD. 2380 High Ridge Rd	MELBOURNE FL 32935

500003953275 4
-04/03/01 --01063--020
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

CORNMAN, RONALD
2320 SHADY OAK RD.
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name

Cornman, Ronald

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

2380 High Ridge Rd

Suite, Apt. #, Etc.

Melbourne, FL 32935

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/19/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/01

Daytime Phone #

CR2E040 (800)