

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT  
2012 AR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 MAY -4 PM 2:28

DOCUMENT # P98000108394

1. Corporation Name

EDWARD'S LAWN CARE INC.

2. Principal Office Address - No P.O. Box #

953 WOODGATE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

953 WOODGATE DRIVE

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

CR2R081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1998

5. FEI Number

593556358

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

EDWARD G REISS

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

953 WOODGATE DRIVE

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

200234619892

05/03/12--01021--013 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0603, F.S.

Signature of  
Registered Agent

*Edward G Reiss*  
REGISTERED AGENT MUST SIGN

Date

4-30-12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	EDWARD G. REISS	953 Woodgate Dr.	Palm Harbor FL 34685

10. E-mail Address:

helene.dykstra@va.hoo.com  
(To be used for future annual report notification)

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 \$366.00 owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: EDWARD G. REISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edward G Reiss* 4-30-12

Date

727 409-8366

Daytime Phone #

MAY - 4 2012

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