

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

City & State

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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