


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED

01 OCT 22 PM 2: 35

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P99000007318

1. Corporation Name  
 Lawing Brothers Landscaping, Inc.

2. Principal Office Address 9532 Towanda Lane Suite, Apt. #, etc.		3. Mailing Office Address ← Same Suite, Apt. #, etc.	
City & State Port Richey, FL		City & State	
Zip 34668	Country Pasco	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/29/01

5. FEI Number 128664793 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 Carl D. Lawing Jr. 100004687681-8

Street Address (P.O. Box Number is Not Acceptable) 9532 Towanda Lane -11719701-01066-025  
 Suite, Apt. #, Etc. \*\*\*\*750.00 \*\*\*\*750.00

City Port Richey State FL Zip Code 34668

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 Carl D. Lawing Jr. Date 9/12/01  
 REGISTERED AGENT MUST SIGN

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	Carl D. Lawing Jr.	9532 Towanda La	Port Richey, FL 34668

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: Carl D. Lawing Jr. Date 10/18/01 Daytime Phone # 727-847-0170  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)