

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 JUL -5 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2009-2018

600815518036
07/05/18--01033--011 *\$2135.00

CR2E0B1 (11/10)

DOCUMENT # P99000017689

1. Corporation Name

Tony's Lawn Service, Inc.

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

2960 Leon Road

Suite, Apt. #, etc.

3. Mailing Office Address

2960 Leon Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32246

Country

USA

Zip

32246

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/99

5. FEI Number

59-3504212

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

Anthony Paredes

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

2960 Leon Road

Suite, Apt. #, etc.

City

Jacksonville, FL

State

FL

Zip Code

32246

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

X Anthony Paredes

Date 6/20/18

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
D	Anthony Paredes	2960 Leon Road	Jacksonville, FL 32246
			C. GOLDEN
			JUL - 5 2018

10. E-mail Address: peterp98@yahoo.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., and that all fees 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. 817.155, F.S.

SIGNATURE:

X Anthony Paredes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/18

904-333-9715

Daytime Phone #