

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000023762

1. Entity Name
COUNTRYSIDE LAWN MANAGEMENT, INC.



FILED
SECRETARY OF STATE
STATE OF FLORIDA
04 NOV -1 AM 9:25

Principal Place of Business
3504 CHESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436

Mailing Address
3504 CHESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436

REINSTATEMENT *cy*

2. Principal Place of Business
100 ISLAND DRIVE S.

3. Mailing Address
PO BOX 154

Suite, Apt. #, etc.

City & State
OCEAN RIDGE, FL

City & State
BOYNTON BEACH, FL

Zip
33435

Country
U.S.



10272004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0905670

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAGNAN, MARK
3504 CHESAPEAKE CIRCLE
BOYNTON BEACH, FL 33462

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark E Dagnan* - PRESIDENT DATE *10/28/04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGNAN, MARK 3504 CHESAPEAKE CIRCLE BOYNTON BEACH, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042355799 11/01/04--01061--006 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *mark Dagnan* MARK DAGNAN-PRESIDENT 561 714 6332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COUNTRYSIDE LAWN MANAGEMENT INC.

To Florida Division of Corporations,

I received a notice of Dissolution or revocation in October of 2004. This noticed states I failed to file the 2004 Annual report. On March 8th 2004 I mailed the completed annual report along with a check of \$150 to the Department of State. The check # was 639.

Enclosed I have filed another report. Please note the address change. I have enclosed another check for \$150.

Please understand I have always filed the Annual report on time and assumed that it was received this year. If you have any further questions please contact me at 561-714-6332.

Thank You,
Mark Dagnan -President

