

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P9900034166

1. Corporation Name

Myron S. Smith Lawn Maintenance, Inc

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

10790 Childers Street

3. Mailing Office Address

10790 Childers Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

City & State

Bonita Springs, Florida

Zip

34135

Country

USA

Zip

34135

Country

USA

11-13-07  
38  
FILED  
09 NOV -9 PM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600161497956  
11/09/09--01060--005 \*\*150.00  
600161497956  
10/08/09--01029--008 \*\*158.75  
REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida July 1999  
5. FEI Number 59-3569555 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

Myron S. Smith

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

10790 Childers Street

Suite, Apt. #, Etc.

City

Bonita Springs, Florida

State

FL

Zip Code

34135

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Myron S. Smith*  
REGISTERED AGENT MUST SIGN

Date 10/05/2009

**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
P/R	Myron Smith	10790 Childers Street	Bonita Springs, Florida, 34135
V/D	Terilyn Smith	10790 Childers Street	Bonita Springs, Florida, 34135
S/D	Christopher Smith	10790 Childers Street	Bonita Springs, Florida, 34135
T/D	Jason Smith	27937 Temple Terrace	Bonita Springs, Florida, 34135

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 contained in Chapter 119, 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:

*Terilyn Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terilyn Smith

10/05/2009

Date

239-495-9402

Daytime Phone #