

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 30 PM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035877

1. Corporation Name

Ken's Lawn+Sod Service Inc.
502 N. Central Ave
Avon Park, Fl. 33825

2. Principal Office Address

Same

Suite, Apt. #, etc.

City & State

Avon Park Fl.

Zip

33825

County

Highlands

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Avon Park, Fl.

Zip

33825

County

Highlands

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/18/2000

5. FEI Number

593582178

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

Ken Flagg Sr.

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

715 S. Highlands Ave

Suite, Apt. #, Etc.

City

Avon Park, Fl. 33825

State

FL

Zip Code

33825

400038550754
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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

Ken Flagg Sr.

REGISTERED AGENT MUST SIGN

Date 6/28/04

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
<u>P</u>	<u>Ken Flagg Sr.</u>	<u>715 S. Highlands Ave</u>	<u>Avon Park, Fl. 33825</u>

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:

President
Ken Flagg Sr.

Ken Flagg Sr.

6/28/04

Date

863 453-7331

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR