

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **S23575**

1. Corporation Name

**STEWART LAWN MAINTENANCE, INC.**

Principal Place of Business

**256 53RD ST SW  
NAPLES FL 34101  
US**

Mailing Address

**POST OFFICE BOX 6122  
NAPLES FL 34101  
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**4161 7th Ave. N W**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

Zip

**34119**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/09/1991**

5. FEI Number

**65-0243727**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEWART, RALPH	2251 53RD ST SW	NAPLES FL 34119
D	STEWART, KEVIN L	2251 53RD ST SW 4161 7th Ave NW	NAPLES FL 34119
D	STEWART, MARTIN P	2251 53RD ST SW	NAPLES FL 34119
			<b>400003029654--1</b>
			<b>-10/29/99--01084--005</b>
			<b>****750.00 ****750.00</b>

**REINSTATEMENT 99 ITS**

8. Name and Address of Current Registered Agent

**BENGSTON, LINDA C  
3936 TAMiami TRAIL N  
SUITE B  
NAPLES FL 33940**

9. Name and Address of New Registered Agent

Name  
**Kevin L. Stewart**  
Street Address (P.O. Box Number is Not Acceptable)  
**4161 7th Ave. NW**  
Suite, Apt. #, Etc.

City  
**Naples**

State  
**FL**

Zip Code  
**34119**

10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature of Kevin L. Stewart]*  
REGISTERED AGENT MUST SIGN

Date **10-18-99**

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., 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:

*[Signature of Kevin L. Stewart]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Kevin Stewart**

10/18/99

Date

941-455-4911

Daytime Phone #

CR2000 (8/99)