

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 12 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S66060

1. Corporation Name

MID-FLA LAWN CARE & LANDSCAPING, INC.

Principal Place of Business

Mailing Address

185 NORTHWEST 4TH AVENUE  
LAKE BUTLER FL 32054

185 NORTHWEST 4TH AVENUE  
LAKE BUTLER FL 32054

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3078013

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILSON, WILLIAM SAM	185 N.W. 4TH AVENUE	LAKE BUTLER FL 32054
VP	WILSON, ROBIN P.	185 N.W. 4TH AVENUE	LAKE BUTLER FL 32054

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-12/16/97-01108-012  
\*\*\*\*915.00 \*\*\*\*915.00

REINSTATEMENT

96-97  
12/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAFFORD, FRANK M  
84 NORTH MARION STREET  
LAKE CITY FL 32055

Name

Frank M Gafford

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

228 E. Duval St

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

*Frank M. Gafford*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Sam Wilson*  
President

1/1/97  
Date

Daytime Phone #