

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -8 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V00776

1. Corporation Name

SUNCOAST LAWNS INC

2. Principal Office Address

710 RELIM LN

Suite, Apt. #, etc.

3. Mailing Office Address

710 RELIM LN

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232

Country

USA

Zip

34232

Country

USA

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

1-2-16/91

5. FEI Number

65-0305500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-03

7. Name and Address of Current Registered Agent

Name

MARK MILLER

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

710 RELIM LN

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

000014104630

03/17/03--01005--022 **138.75

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

Mark Miller

Date

3-5-03

REGISTERED AGENT MUST SIGN

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
PRES	MARK MILLER	710 RELIM LN	SARASOTA FL 34232
VP	MYRA MILLER	710 RELIM LN	SARASOTA FL 34232

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Miller 3-5-03

Date

Daytime Phone #

941-371-8954

CR2E081 (10/02)

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2052

Suncoast Lawns, Inc.
710 Rellim Lane
Sarasota, Florida 34232
941-371-8954

April 4, 2003

Florida Department of State
Division of Corporations
Corporate Records

P.O.Box 6327

Tallahassee, Florida 32314

SUBJECT: Suncoast Lawns, Inc.

Ref. Number: V00776

In regards to letter #403A00018638

I, Mark Miller, have no intentions of revoking the voluntary dissolution of
#P01000114472.

Signed, *Mark Miller*

Mark Miller, President
April 4, 2003

State of Florida
County of Sarasota

Appeared before me today, April 4, 2003, the signor of
this document.



Karen L. Beachy
Karen L. Beachy