

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAY -1 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V11136

1. Corporation Name

FLORIDA ELASSIE LAWNDS, INC.

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

251 MOUNTS BAY CT.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

USA

3. Mailing Office Address

931 State Road 434

Suite, Apt. #, etc.

Suite 1201, Box 178

City & State

Altamonte Spgs, FL

Zip

32714

Country

USA

700128029337

05/01/08--01012--012 \*\*608.75

REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan 1992

5. FEI Number

59-3107676

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

Roger B. Campbell

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

251 Mounts Bay Ct.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

☒ 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

Roger B. Campbell

Date

4-22-08

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.	Roger B. Campbell	251 Mounts Bay Ct.	Longwood, FL 32779
	1515		

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:

Roger B. Campbell

4-22-08

Date

Daytime Phone #

407-862-6671