

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

98 DEC 31 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64565

1. Corporation Name

Classic Lawms, Inc.

Principal Place of Business

4357 Timuquana Road
Jacksonville, FL 32210

Mailing Address

P.O. Box 112 Ortega Station
Jacksonville, FL 32210

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

September 17, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3142290

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Dan S. Schwalbe	4357 Timuquana Road	Jacksonville, FL 32210
P	Dan S. Schwalbe	4357 Timuquana Road	Jacksonville, FL 32210
V	Dan S. Schwalbe	4357 Timuquana Road	Jacksonville, FL 32210
S	Dan S. Schwalbe	4357 Timuquana Road	Jacksonville, FL 32210
TT	Dan S. Schwalbe	4357 Timuquana Road	Jacksonville, FL 32210

8. Name and Address of Current Registered Agent

REINSTATEMENT

Name and Address of New Registered Agent

Dan S. Schwalbe
4357 Timuquana Road
Jacksonville, FL 32210

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Dan S. Schwalbe

REGISTERED AGENT MUST SIGN

Date

12-30-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Dan S. Schwalbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dan S. Schwalbe, President

Date

12-30-98

(904) 388-2707

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 084770 80746A

AUTHORIZATION :

COST LIMIT : \$ 1050.00

Patricia Pigatto

ORDER DATE : December 31, 1998

ORDER TIME : 9:52 AM

ORDER NO. : 084770-005

CUSTOMER NO: 80746A

CUSTOMER: Keith Sands, Esq
Franson Aldridge & Sands, P.a.
Suite 200
1551 Atlantic Boulevard
Jacksonville, FL 32207

DOMESTIC FILINGS

NAME: CLASSIC LAWNS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

TB 12/31/98

RECEIVED
98DEC31 AM 10:43
DIVISION OF CONSUMER PROTECTION