

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000169346

1. Entity Name
K-9 LANDSCAPING AND LAWN SERVICE, INC.



FILED

06 APR 11 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
393 BESS AVE.
CRESTVIEW, FL 32536

Mailing Address
393 BESS AVE.
CRESTVIEW, FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10122005 REIN-P CR2E098 (6/04) 05-06

4. FEI Number

20-2112690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, TOBY Y
393 BESS AVE.
CRESTVIEW, FL 32536

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BAKER, TOBY Y
CITY-ST-ZIP 393 BESS AVE.
CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600070448646
04/14/06-01028-024 **300.00

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toby Y. BAKER
President

Date

Daytime Phone #

10/27/05