

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR 96-98  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 MAR 16 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 657882

1. Corporation Name

SHERWOOD FOREST LANDSCAPING & NURSERY, INC.

Principal Place of Business

6020 SW 97 AVE.  
MIAMI, FL. 33173

Mailing Address

10955 SW 55 ST.  
MIAMI, FL. 33165

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 14 1995

5. FEI Number

59-2042519

Applied For

Not Applicable

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
PRESIDENT	RONALD A. CROCI	10955 SW 55 ST.	MIAMI, FL. 33165
V-PRES.	RONALD A. CROCI, JR.	10955 SW 55 ST.	MIAMI, FL. 33165
SEC. TREASURER	MARY CROCI	10955 SW 55 ST.	MIAMI, FL. 33165

REINSTATEMENT 96-98

A. Alan

3/16/98

8. Name and Address of Current Registered Agent

RONALD A. CROCI  
10955 SW 55 STREET  
MIAMI, FL - 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002461410-9

-03/19/98 -01003-008 9

\*\*\*1058

State

Zip Code

\*\*\*1058.75

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

Ronald A. Croci

REGISTERED AGENT MUST SIGN

Date

3-12-98

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:

Ronald A. Croci

RONALD A. CROCI

3-12-98

(305) 279-7638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (1/98)