

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR 30 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M86832

**1. Corporation Name**

LANDSCAPE SPECIALTIES, INC.

**2. Principal Office Address**

5990 Staley Rd. Ext

Suite, Apt. #, etc.

**3. Mailing Office Address**

5990 Staley Rd. Ext.

Suite, Apt. #, etc.

**City & State**

Ft. Myers, FL

**City & State**

-Ft. Myers, FL.

**Zip**

33905

**Country**

USA

**Zip**

33905

**Country**

USA

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

06/24/1988

**5. FEI Number**

65-0055348

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 97-05

**7. Name and Address of Current Registered Agent**

**Name**

Lynch, Donna

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

5990 Staley Road Ext.

**Suite, Apt. #, Etc.**

**City**

Ft. Myers

**State**  
FL

**Zip Code**

33905

**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**

Donna Lynch

**Date** 3-3-05

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
P	Lynch, Kevin	5990 Staley Road	Ft. Myers, FL 33905
S/T	Lynch, Donna	5990 Staley Road Ext.	Ft. Myers, FL 33905

300049646613  
04/01/05--01007--017 \*\*1365.00

**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:**

Donna Lynch

Donna Lynch

3-3-05

239-6943107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roberts MAR 30 2005

*LANDSCAPE SPECIALTIES INCORPORATED*

5990 Staley Road Ext. Ft. Myers, Florida 33905. 239-694-3107 fax 239-694-7526

5990 Staley Road Ext. Ft. Myers, Florida 33905. 239-694-3107 fax 239-694-7526

**March 3, 2005**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: #M86832**

**Dear Sirs:**

We did not receive a re-instatement notice, and this went by un-noticed, and unpaid. We wish to have Landscape Specialties, Inc. re-instated as a corporation and the \$600.00 fee waived. Attached is a check for the back fees from 1997, in the amount of \$1,365.00.

Sincerely,

Donna Lynette

**Donna Lynch**  
**Landscape Specialties, Inc.**