

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 3 AM 8:47

DOCUMENT # P03000087839

1. Corporation Name

GREEN LEAVES LANDSCAPING, INC

REINSTATEMENT 08-12

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

905 ALLMAN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

905 ALLMAN AVE

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

City & State

LEHIGH ACRES

Zip

33971

Country

USA

Zip

33971

Country

USA

300234555503

05/03/12--01005--012 **1350.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 08/11/2003

5. FEI Number

200146671

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

MARCOS DE PAULO

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

905 ALLMAN AVE

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33971

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

Date 04/30/2012

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
PD	MARCOS DE PAULO	905 ALLMAN AVE	LEHIGH ACRES, FL 33971

MAY 14 2012

T. CAULEY

10. E-mail Address: GREENLEAVESLANDSCAPING@HOTMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

04/30/2012

239-334-6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #