

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 12 AM 9:47

DOCUMENT # P35945

1. Corporation Name

PALM BEACH LAWNS & GARDENS, INC.

Principal Place of Business

Mailing Address

P O BOX 2460  
JUPITER FL 33468  
US

P O BOX 2460  
JUPITER FL 33468  
US

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

2114 Radnor Court  
Suite, Apt. #, etc.

PO Box 33147  
Suite, Apt. #, etc.

City & State  
North Palm Beach, FL  
Zip  
33408  
Country  
USA

City & State  
Palm Beach Gardens, FL  
Zip  
33420  
Country  
USA

REINSTATEMENT 98-95



4. Date Incorporated or Qualified To Do Business in Florida: 10/16/1991

5. FEI Number: 52-1635551

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BEHR, SCOTT M	17901 H THELMA AVENUE	JUPITER FL 33458
		2114 Radnor Court,	North Palm Beach, FL 33408
			500003022935--0 -10/22/99--01110--005 ****900.00 ****300.00
			9/20/16

8. Name and Address of Current Registered Agent

BEHR, SCOTT M  
17901 H THELMA AVE.  
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2114 Radnor Court  
Suite, Apt. #, Etc.  
City  
North Palm Beach  
State  
FL  
Zip Code  
33408

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: *[Signature]* REGISTERED AGENT MUST SIGN

Date: 9/22/99

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: *[Signature]* (Pres.)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/99 (581)  
Date Daytime Phone # 670-0098