

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

