

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 12 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543711

1. Corporation Name

HARTSOCK LANDSCAPING, INC.

2. Principal Office Address

11050 SW 88 ST.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/1977

5. FEI Number

59-1761349

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

BETSY HARTSOCK

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

10020 SW 125 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

000012327680
02/12/03--01005--006 **\$8.75

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

Betsy Hartsock

REGISTERED AGENT MUST SIGN

Date Feb. 6, 2003

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
PRES.	CARL W. HARTSOCK, JR.	10020 SW 125 AVE.	MIAMI, FL 33186

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

Carl W. Hartsock President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/03

Daytime Phone #

305-270-1452

CR2E081 (10/02)

js 2/17