

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 14 PM 12:07

DOCUMENT # 589301

1. Corporation Name

E'HARTS NURSERY + LANDSCAPING  
INC

2. Principal Office Address

901 HWY 70 W

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 393

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

Zip

33852

Country

USA

City & State

LAKE PLACID FL

Zip

33862

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1978

5. FEI Number

59-1902171

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

MICHAEL EISENHART

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

901 HWY 70 W

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/19/01

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/T	MICHAEL EISENHART	901-HWY 70 W	LAKE PLACID FL
D	ROSEMARY VAN HEESCH	377 SUN LAKES BLVD	LAKE PLACID FL
S	MAVIE EISENHART	1255 PASADENA AVE S. MAJESTIC WAY	ST PETERSBURG FL
			AD

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:

MICHAEL EISENHART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/01

Daytime Phone #

863  
465 0641

CR2081 (9/00)