

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN -4 AM 8:59

DOCUMENT #F01000005228

1. Corporation Name

Cemrock Landscapes, Inc.

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

4790 S. Julian Avenue

Suite, Apt. #, etc.

City & State

Tucson, AZ

Zip

85714

Country

USA

3. Mailing Office Address

4790 S. Julian Avenue

Suite, Apt. #, etc.

City & State

Tucson, AZ

Zip

85714

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida

11/13/1997

5. FEI Number

86-0893628

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

700242561337
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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

Maria Ozaeta

Maria Ozaeta

Vice President

Date 5/13/13

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
President	Roger Alan Conley	2185 N. Painted Hills Road	Tucson, AZ 85745
Secretary			
Treasurer	Hans Bennich	3622 West Eagles View Place	Tucson, AZ 85745

REINSTATEMENT

JUN 04 2013

R. HUNT

10. E-mail Address: lsheets@cemrock.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/13 (520) 571-1999

Date

Daytime Phone #