

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

FILED

02 DEC 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/07/02--01049--009 **150.00

CORPORATION
REINSTATEMENT **02 WSN**

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F47045

1. Corporation Name

C. Michael Oliver, A.S.L.A., P.A.

2. Principal Office Address

8135 NW 11th St.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33071

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

10-1-81

5. FEI Number

592137532

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

C. Michael Oliver

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

8135 NW 11th Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

C. Michael Oliver

REGISTERED AGENT MUST SIGN

Date OCT. 30, 2002

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
ST. A.	Jean A. Oliver	8135 NW 11th St.	Coral Springs, FL 33071
PRES	C. MICHAEL OLIVER	8135 N.W. 11th St.	CORAL SPRINGS, FL 33071

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)(l), 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:

C. Michael Oliver

C. MICHAEL OLIVER PRESIDENT

Date

10/30/02 954-757-7366

Daytime Phone #



C. MICHAEL OLIVER, A.S.L.A., P.A., LANDSCAPE ARCHITECTS

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October 30, 2002

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Corporation EIN # 59-2137532; C. Michael Oliver, ASLA, PA,
Document Number F47045.

Dear Madam or Sir:

Enclose please find a reinstatement form for Florida Corporations and a check for \$ 150.00. Effective October 4th 2002, my corporation, above referenced, was administratively dissolved or revoked due to my filing a corporation annual report for 2002.

I wish to have my corporation reinstated. I would also like to officially change my business address to that on this letterhead.

The failure to file in a timely manner was strictly my own. However, there were extenuating circumstances. My firm is very small. Just two employees; my wife M. Jean Oliver and myself. My wife is the Secretary/Treasurer and usually handles all the general business of the corporation. Unfortunately in October of 2001, she was diagnosed with cancer. Most of the end of 2001 was spent in doctors visits and tests. In December of 2001, I had to move my business into my home to give my wife as much care as possible. Starting January 2002, we had to reside in the American Cancer Hope Lodge in Gainesville, Florida, some 5 hrs. from our home and business because she underwent continuous radiation and chemo therapy. In June we were able to come home for very short periods of time. This continued through the rest of this year and will be necessary for an unknown period in the future.

Unfortunately, business is sporadic and my wife is unable to file as normal and I was ignorant of the necessity until our accountant informed me of the requirement. Please consider my corporation reinstatement and address change and contact me at the business phone or fax (954) 752-2403 if further information is needed.

Thank you in advance for your consideration,

C. Michael Oliver, A.S.L.A.