

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84511**

1. Corporation Name

ATLANTIC LANDSCAPE SERVICES, INC.

Principal Place of Business

20 - 5TH AVE.
VERO BEACH FL 32962

Mailing Address

2455 4TH CITRUS ST.
VERO BEACH FL 32962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

971 36th SW

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Zip

32962

Country

Indian River

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1982

5. FEI Number

59-2456035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BLACK, GEORGE NORMAN	2455 4TH CITRUS ST	VERO BCH, FL 00000

200002219022--5
-06/20/97--01117--001
***923.75 ***923.75

REINSTATEMENT 96-97

6-19-97

8. Name and Address of Current Registered Agent

BLACK, GEORGE NORMAN
2455 4TH CITRUS ST
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

George Norman Black
REGISTERED AGENT MUST SIGN

Date

6-11-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

George Norman Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. NORMAN BLACK

Date

Daytime Phone #

6-11-97 561-778-0128