

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION
FOR
REINSTATEMENT



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

FILED
Sep 23 1996 8:00 am
Secretary of State

DOCUMENT # **G36025**

1. Corporation Name **Artistic Landscaping of Martin County**

Principal Place of Business
**Martin County
Stuart, FL**

Mailing Address
**6531 SE Fed. Hwy
Stuart, FL 34997**

100001965111
10/04/96-01049-013
****383.75 ****383.75

REINSTATEMENT

96 co

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or First
To Do Business in Florida **4/85**

5. FEI Number

59-2289614

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
PRES SEC/TRE	Patsy J. Robb	800 Place N. Fork Rd Bldg 2 Apt. 6	Stuart, FL 34995

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**K Patsy J. Robb
800 N Fork Rd.
Bldg 2 Apt 6
Stuart, FL 34995**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9-19-96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patsy J. Robb PRESIDENT

Date

9-19-96

Daytime Phone #

561-286-6790