

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

01 SEP 17 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **J77630**

1. Corporation Name

GREENGATE NURSERY AND LANDSCAPING, INC

2. Principal Office Address

6960 LAKE WORTH RD.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33467

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 94-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/10/87

5. FEL Number

59-2810164

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

CLIFTON L. TODD JR

000004617500--6

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

6960 LAKE WORTH RD

-10/01/01--01030--014

*****1800.00 ***1800.00**

Suite, Apt. #, Etc.

City

LAKE WORTH,

State
FL

Zip Code

33467

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

Clifton L. Todd Jr

REGISTERED AGENT MUST SIGN

Date **9/13/01**

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
PRES	CLIFTON L. TODD	6960 LAKE WORTH RD	LAKE WORTH, FL. 33467
SECY	LWDA M. TODD	6960 LAKE WORTH RD	LAKE WORTH, FL. 33467

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*******8.75 *****8.75**

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:

Clifton L. Todd Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/OR DIRECTOR

9/13/01
Date

Date

(561) 968-7486
Daytime Phone #