

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 NOV 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83384

1. Corporation Name

Loving Care Landscape, Inc.

Principal Place of Business

Mailing Address

5566 Western Way
Lake Worth FL 33463

P.O. Box 2308
Boca Raton, FL 33427-2308

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

2. New Principal Office Address, If Applicable

5566 Western Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 2308
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

July 20, 1987

5. FEI Number

65-0007188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

City & State
Lake Worth FL

Zip
33463

Country
USA

City & State
Boca Raton FL

Zip
33427-2308

Country
USA

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
PVST	John J. Doyle	5566 Western Way 5566 Western Way	Lake Worth FL 33463

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-11/18/97-01054-001

***823.75 ***823.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
John J. Doyle
Street Address (P.O. Box Number is Not Acceptable)
5566 Western Way
Suite, Apt. #, Etc.

City
Lake Worth

State

FL

Zip Code

33463

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

REGISTERED AGENT MUST SIGN

Date Nov 10, 1997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Doyle

Nov 10, 1997 561-357-8005
Date Daytime Phone #