

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 APR -5 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

J 93353

1. Corporation Name

Al Thigpen Landscaping Inc.

2. Principal Office Address

8700 Southside Blvd.

3. Mailing Office Address

8700 Southside Blvd.

Suite, Apt. #, etc.

1102

Suite, Apt. #, etc.

1102

City & State

Jacksonville, Fla.

City & State

Jacksonville, Fla.

Zip

32256

Country

Duval

Zip

32256

Country

Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

9-15-87

5. FEI Number

59-2843077

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

Albert E. Thigpen

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

8700 Southside Blvd.

Suite, Apt. #, Etc.

1102

City

Jacksonville

State

FL

Zip Code

32256

700005449437-5  
-05/03/02-01036-003  
\*\*\*\*300.00 \*\*\*\*300.00

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

*Al Thigpen*

Date

REGISTERED AGENT MUST SIGN

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	Albert E. Thigpen	8700 Southside Blvd. 1102	Jacksonville, Fla. 32256

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:

*Al Thigpen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

(904) 219-8015

Daytime Phone #

CR2E081 (9/01)

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March 27, 2002

Department of State  
Division of Corporations  
Po Box 6327  
Tallahassee, Fla. 32314

Re: Al Thigpen Landscaping, Inc.  
# J 93353

The application for 2001 Uniform Business Report was never received and was not discovered until the 2002 report became due and we did not have the form.

There was a divorce in 2001 and if it came to the old address it was not forwarded to me. I hereby submit an application for reinstatement and report for 2002 along with a check for \$ 300.00.

Thank You,



Al Thigpen, President