

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC -2 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K33934**

1. Corporation Name

**BOLD CITY IRRIGATION & LANDSCAPING, INC.**

Principal Place of Business

2004 WINDSOR HILL CT.  
MIDDLEBURG FL 32068

Mailing Address

2004 WINDSOR HILL CT.  
MIDDLEBURG FL 32068

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

2. New Principal Office Address, If Applicable

5546 Rainey Aven.

Suite, Apt. #, etc.

Orange Park, FL

City & State

3. New Mailing Office Address, If Applicable

5546 Rainey Aven.

Suite, Apt. #, etc.

Orange Park, FL

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1988

5. FEI Number

59-2913370

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	REINHEIMER, JOHN H	<del>2004 WINDSOR HILL CT.</del> <u>5546 Rainey Aven.</u> <u>Orange Park</u>	MIDDLEBURG FL 32068 <u>Orange Park, FL 32068</u>

600002022726--4  
-12/06/96--01036--010

\*\*\*375.00 \*\*\*375.00

JB12-3-96

8. Name and Address of Current Registered Agent

REINHEIMER, JOHN H  
~~2004 WINDSOR HILL CT.~~  
MIDDLEBURG FL 32068

See Change

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/14/96

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 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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96 (904) 264-8171  
Date Daytime Phone #