

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 15 PM 12:20

DOCUMENT # **K36770**

1. Corporation Name

B&M LANDSCAPE CONCEPTS, INC.

2. Principal Office Address

2720 North Forsyth Road

3. Mailing Office Address

2720 North Forsyth Road

Suite, Apt. #, etc.

Suite #305

Suite, Apt. #, etc.

Suite #305

City & State

Winter Park, Florida

City & State

Winter Park, Florida

Zip

32792

Country

USA

Zip

32792

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1988

5. FEI Number

592934183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Steven A. Boncore

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

2720 North Forsyth Road

Suite, Apt. #, Etc.

Suite 305

City

Winter Park

State

FL

Zip Code

32792

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

Steven A. Boncore

REGISTERED AGENT MUST SIGN

Date

8/12/03

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
PD	Steven A. Boncore	2720 N. Forsyth Rd., #305	Winter Park, FL 32792

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:

Steven A. Boncore **Steve Boncore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/8/03

Daytime Phone #

407-677-7799